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NAVY OCCUPATIONAL HEALTH INFORMATION MANAGEMENT SYSTEM

(NOHIMS)

IMPLEMENTATION AND TRAINING PLAN

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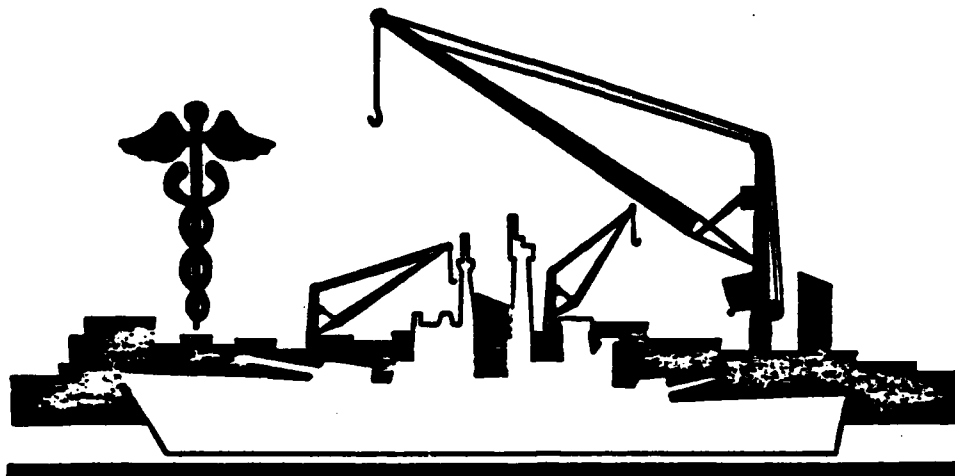
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IMPLEMENTATION AND TRAINING PLAN



NOHIMS

**NAVAL OCCUPATIONAL HEALTH INFORMATION
MANAGEMENT SYSTEM**

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NOHIMS IMPLEMENTATION AND TRAINING PLAN

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SECTION 1
INTRODUCTION

SECTION 1. INTRODUCTION

1.1 Purpose. This plan is designed to provide necessary guidance to successfully implement the Navy Occupational Health Information Management System (NOHIMS) at Navy Medical Command (NAVMEDCOM) sites. The plan outlines procedures to train and indoctrinate the User, accomplish initial data load, demonstrate the system to the satisfaction of the User, and provide long-term support services that will continue to allow the User to effectively operate the system. Each local Site Manager should supplement this Plan with instructions that expand the implementation details and provide guidance for the particular location.

1.2 Scope.

a. This plan currently addresses initial deployment to NAVMEDCOM sites in FY87/88.

b. This plan applies to each of the NAVMEDCOM sites. Deployment of the NAVSEA Occupational Safety and Health Recordkeeping System (OSHRKS) to the six NAVSEA shipyards and Naval Ordnance Station Louisville (NOSL) will be accomplished with associated NOHIMS sites when practical (See Section 1.3.4).

1.3 System Overview.

1.3.1 General. NOHIMS is an automated information system designed to support Naval Medical Command's (NAVMEDCOM) mission to provide industrial hygiene and occupational medicine services to the Chief of Naval Operations (CNO) under the Navy Occupational Safety and Health (NAVOSH) program, OPNAVINST 5100.23B. The medical functions addressed by NOHIMS are integral to the mission of industrialized Navy activities which provide for the repair, maintenance, and delivery of ships, aircraft, vehicles, and ordnance in a battle-ready condition. NOHIMS supports these activities by monitoring the health and industrial hygiene of their work-force so that the industrialized activities can meet their mission on time and within cost. The Naval Sea Systems Command (NAVSEASYS COM) has identified additional requirements for NOHIMS which meet its Occupational Safety and Health Program. The Project Team for the Occupational Safety and Health Record Keeping System (OSHRKS) decided to meet these supplemental requirements with additional modules to enhance NOHIMS. CNO directed COMNAVMEDCOM to take the lead role in integrating NOHIMS and OSHRKS with the intention that NOHIMS will become an integrated Navy-wide system for occupational medicine and industrial hygiene recordkeeping. NOHIMS will integrate with supplemental systems, such as OSHRKS, so that prospective and interested line command beneficiaries will receive automated support for all aspects of the NAVOSH program. All major industrial facilities for which COMNAVMEDCOM has responsibility will receive NOHIMS support.

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1.3.2 System Key Objectives. In support of NAVMEDCOM's mission to manage and provide assigned industrial hygiene and occupational medical services to the Chief of Naval Operations, the following are the key objectives of NOHIMS:

- . Prompt, efficient, and documented occupational health services at the clinic and sickbay level.
- . Direct, efficient, and documented industrial hygiene (including hazardous materials) characterizations of Navy work places.
- . Accurate data with which to direct NAVMEDCOM occupational health resources.
- . Reliable data on which to develop resource and budgeting input to higher authority concerning Navy-wide occupational health issues.
- . Integration of the industrial hygiene and medical components of the Navy's Occupational Health Program, and establishment of a Navy-wide database for researching new occupational health-related epidemiological and toxic concerns, and analyzing and reporting on Navy-wide occupational health exposures, diseases, and injuries.
- . Reliable methods of utilization review in order to develop strategies or program management and cost reduction.
- . Enhancement of the NAVENVIRHLTHCEN clinical information system to allow both efficient monitoring of existing asbestos and hearing conservation programs and expeditious implementation of new surveillance or hazardous materials programs.
- . Enhanced utilities for occupational medicine departments and NAVENVIRHLTHCEN, including word processing, statistical programs, and electronic mail capabilities.
- . Improved compliance with Federal Standards for occupational health by allowing ready access and analysis of Occupational Medicine and Industrial Hygiene (including hazardous materials) data, thus reducing time-consuming manual recordkeeping and analysis and, as a result, providing the Navy with a firm basis for defending itself from unjustified compensation claims.
- . Interfaces between existing hearing conservation and pulmonary function instrument and future digital data entry devices and compensation claims systems.

1.3.3 NAVMEDCOM NOHIMS. NOHIMS is a comprehensive information system capable of supporting most of the functions associated with improving the health and safety of the Navy civilian workforce. It consists of a Medical Component and an Industrial Health Component (See Appendix A), both programmed in the Massachusetts General Hospital Utility Multi-Programming System (MUMPS) language. Each was designed independently and contains an independent database.

The Medical Component (MC) is a modification of the public domain software package. COSTAR (Computer-Stored Ambulatory Record) and processes medical encounter data.

The Industrial Health Component (IHC) was developed using the Veterans Administration (VA) FileMan and Kernel software packages and processes industrial hygiene and occupational health data. It consists of the following four modules:

- . Administration (Admin)
- . Environmental Exposure (EE)
- . Hazardous Materials Control (HMC)
- . Medical Exam Scheduling (MES)

1.3.4 NAVSEASYS COM OSHRKS Interface. OSHRKS is an interactive recordkeeping and reporting system utilized by NAVSEA occupational safety and health activities. Environmental and safety data generated from naval shipyards and the Naval Ordnance Station, Louisville, will be processed and stored on the NAVSEA OSHRKS computer and will consist of three modules supplemental to the Industrial Health Component of NOHIMS:

- . Hazard Deficiency Abatement (HDA)
- . Injury Claims and Compensation (ICC)
- . Safety & Health Training (SHT)

The OSHRKS computer will be directly linked to the servicing medical unit's NOHIMS computer to provide on-line access within a Navy-wide multi-computer network. The NOHIMS computer which services the NAVSEA industrial complex will store and process laboratory results, diametrical interfaces, diagnoses, dispositions, and medical history. NAVSEA locations can operate the employee physical exam scheduling functions of the Medical Exam Scheduling module from their NAVSEA computer after coordinating local agreement with the servicing medical unit.

SECTION 2
PRE-IMPLEMENTATION GUIDELINES

SECTION 2. PRE-IMPLEMENTATION GUIDELINES

2.1 Introduction. This section contains basic information needed by future system Users to prepare for system installation. Information will be updated, published, and disseminated to field units on a continuing basis.

2.2 Deployment Schedule. System deployment will commence in February, 1987. When possible, deployment of NAVSEA CSHRKS will be accomplished parallel with NOHIMS at the servicing medical unit. A detailed schedule will be published when available. Subject to availability of funds, a tentative deployment sequence is as follows:

FY 87

1. NARDAC Washington
2. Portsmouth, NH - prototype site

FY 88

1. Naval Health Research Center, CA
- 1A. Bremerton, WA
2. Charleston, SC
3. Portsmouth, VA
4. Long Beach, CA
5. Pensacola, FL
6. Naval Environmental Health Center, VA

FY89

1. Pearl Harbor, HI
2. Philadelphia, PA
3. Oakland, CA
4. San Diego, CA
5. Jacksonville, FL

2.3 Local Site Manager Instructions/List

2.3.1 Local Site Manager Instructions. The local manager is the main point-of-contact for system pre-implementation; included in his/her responsibilities is insuring that the site is prepared to accept the system. This Plan was developed to assist the Site Manager; however, it is advisable to supplement the Plan with a local plan.

A Site Manager Project Charter (Appendix B) has also been developed to assist the Site Manager. This charter outlines the major tasks and responsible parties beginning with equipment request and continuing through software testing. The system manager will also receive a Daily Operations Guide and a Site Manager's Guide to assist in managing the system after deployment.

2.3.2 Local Site Managers List. This section lists the name, agency, and telephone number of each NOHIMS Site Manager; if any of the data is incorrect or if any of the managers change, please notify Ms. Barbara Hawley, NARDAC Washington, A/V 288-4218.

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2.4 Site Readiness/Preparation. Planning for a new computer center is a complex task and requires a high degree of thoroughness. Many diverse components must be considered, and the neglect of even one could result in a disaster. It is strongly recommended that the user work closely with the equipment vendor, who is very knowledgeable in this area and whose hardware installation expertise is available.

The following paragraphs of this section cover the areas requiring special attention when designing a computer center. For detailed equipment requirements such as environmental, electrical, and space specifications, refer to Appendix B, "NOHIMS NAVMED Preliminary Hardware List and Specifications." The Site Manager, in conjunction with his staff, will use Appendix B to determine what preparations are necessary to support the hardware installation.

The "Computer Room Planning Checklist", found in Appendix B, was developed as a guide in site preparation efforts. It reflects the minimum requirements established by the vendor for system installation and should therefore be closely followed. The "Remote Site Planning Checklist", found in Appendix B, should be used in the same manner.

When initiating site preparation work, the site manager should notify NARDAC Washington and forward the "Initial Status Report" for site preparation contained in Appendix B. This should be done at least six months in advance of the desired/scheduled system benchmark date, designated here as Month 0. Thereafter, the "Recurring Status Report," in Appendix B, should be forwarded to NARDAC Washington on a monthly basis. After site preparations are completed the Site Manager will notify NARDAC Washington.

NARDAC Washington will be conducting a site survey at least 90 days prior to Month 0. The site manager will be notified in a reasonable amount of time before the arrival of the NARDAC Washington team to assure adequate lead time. It is suggested a courtesy visit to the Commanding Officer of the facility be arranged at the time of the survey. The NARDAC team will tour the host facility and, when possible, the associated remote locations. The estimated duration of the survey is 1-2 days. At the conclusion of the site survey, other site or project issues will be discussed as necessary. It is strongly suggested that the site manager arrange for the facility ADP officer, facility engineer, and the local TELCO representative to be present at the site survey. It is also suggested that the Site Manager prepare floor plans of the host location. These floor plans should reflect the location's current state, i.e., equipment location, power outlets and type, circuit breakers and emergency power cut-off, cooling ducts and capacity, etc.

If the site is deemed certifiable at the time of the survey, NARDAC Washington and the Site Manager or a designated representative will sign and forward the "Certificate of Site Readiness" (see Appendix B) to the contract administrator. If the site is found not to be certifiable NARDAC Washington will note the outstanding site preparation tasks. After these are completed the Site Manager will sign and forward the "Certificate of Site Readiness" to the contract administrator and a copy to NARDAC Washington. It is critical that notification of site readiness be given on a timely basis since the contract administrator must receive the certificate ninety (90) days prior to Month 0. If the certificate is not received by this date, site installation/implementation will be postponed by the contract administrator until some later date, i.e., equipment orders can not be placed until a site is certified as ready.

2.4.1 Environmental Control. The computer center should be in a controlled environment, with air kept free of gases, dust, and other contaminants. It should utilize a separate air conditioning system, where possible, since the temperature and overall environmental conditions must be maintained year-round. Some factors which should be considered when determining the amount of air conditioning needed are:

- . Equipment and personnel heat dissipation
- . Introduction of fresh air
- . Lighting
- . Heat conduction through floors, walls, ceilings, door, and glass walls

If necessary, backup systems should also be considered. The following operating environmental requirements pertain to the NOHIMS host configuration:

- . Temperature 65 - 75 F
- . Relative Humidity 40% - 60% noncondensing
- . Maximum Altitude 6,500 ft.

These environmental requirements were assembled using the most conservative vendor specifications for individual hardware components. For complete device specifications, including heat dissipation, refer to Appendix B.

Another environmental consideration is static electricity which can cause serious problems with electro-magnetic devices and can even erase data from CRT screens. These problems can be minimized with the use of commercially available sprays which can be applied directly to hardware or with specialized mats which are wired to ground points. Also, the removal of carpeting in the affected area can help minimize static electricity problems.

2.4.2 Fire Protection. In order to ensure a safe working environment for site personnel and equipment, the computer center should be located away from potentially hazardous chemical/materials and should contain the following:

- . Audible fire detection system to provide sufficient early warning
- . Emergency lighting
- . Fire extinguishers suitable for electrical and non-electrical fires

Water sprinklers used on energized computer equipment will result in short circuiting and corrosion; the preferable approach is to use a bromo-trifluoromethane (i.e., Halon 1301) extinguishing system which chemically inhibits the combustion process; this chemical does not harm electronic equipment and is non-toxic to personnel. The system should be designed so that power to the computer and air conditioning equipment will automatically turn off. Water detectors should also be placed under any raised flooring. National Fire Protection Association (NFPA) Standard 12A, Standard on Halon 1301 Fire Extinguishing Systems, should be consulted.

2.4.3 Power Requirements. Clean, uninterrupted electrical power is critical to the smooth operation of a computer center. The computer's power source should be isolated from other power systems in the center. Also, auxiliary power systems should be anticipated and included in the plans. It is generally the customer's responsibility to provide all electrical connections; however, specifications can be obtained from the hardware vendor. An emergency power switch should also be installed to shut down all power systems in an emergency. Appendix B gives the specific power requirements of the devices that comprise the NOHIMS system configuration.

2.4.4 Physical Requirements. Each site should prepare a site layout which will show where all equipment and service facilities are located and will serve as a guide for the vendor to provide the proper cables. The vendor via NARDAC will provide site preparation specifications such as square footage, cooling, weight, and power requirements for each site based on their maximum hardware configuration. The scale layout prepared by the site should include the following items:

- . Size and shape of the computer room
- . Entrances and exits
- . Adjacent internal structures such as corridors, staircases, etc.
- . Building windows and columns
- . Location of all equipment, with clearances for maintenance
- . Location of power systems, outlets, grounds, and emergency power-off controls
- . Routing of all cables
- . Location of air conditioning/filtration system
- . Location of file cabinets, desks, and related office equipment
- . Location of storage areas for tape racks and other magnetic media
- . Location of communications facilities such as modems and multiplexers.

Appendix B gives the space requirements for each device included in the NOHIMS system configuration. Note that in addition to these space requirements there must be three feet of free space allotted, front and rear, for each device in the host facility.

2.4.5 Site Preparation Cost Funding. Preparation needs will vary according to each site. In some instances only a few modifications to existing facilities will be necessary while in other instances the construction of new facilities may have to be considered. Regardless of the extent of site preparation, it is imperative that the mechanism for funding of preparation cost be set into motion as soon as possible since such funding may require a lead time of up to two years. The site manager is the responsible official for initiating and tracking the funding process; preparation costs up to \$25k are the responsibility of the site.

Central to the funding process are Step 1 and 2 submittals for special projects. The Step 1 special projects request can be thought of as a planning document for fiscal budgeting. It includes general cost estimates and is submitted on the "Special Project Request Interim Form," NAVFAC 11014/64A (See Appendix B). The Step 2 special projects request details the specific costs associated with site preparation and is submitted on the special project request form NAVFAC 11014/64 (See Appendix B). It is strongly recommended that the Step 2 form be completed and submitted along with the Step 1 form since this will advance the funding process considerably.

Detailing the specific funding procedures is beyond the scope of this document; such information can be obtained from the activity's Point of Contact (POC) for Public Works, by reading Chapter 7 of OPNAVINST 11010.20E, and by reading NAVMEDCOM Letter 432a/0248 (See Appendix B).

2.5 Data Communication. Data communications is an integral part of the NOHIMS System. As such, it is important that preparations for the data communications are comprehensive, accurate, and timely. Figure 2-1, "NOHIMS Logical Network Configuration," depicts the logical "star" requirements. Figure 2-2, "NOHIMS Physical Network Configuration," depicts the overall NOHIMS communications concept.

Although the Automated Data Processing Equipment (ADPE) vendor, InterSystems, has been selected for the data communications equipment, the NOHIMS host site manager is responsible for the management and installation of the data communications components at the host sites and for all related associated sites. The NOHIMS site manager coordinates with the host command's communications department (which is sometimes included in the Public Works Department or is a section of the ADP or Management Information System (MIS) Department) and informs them of the NOHIMS requirements, assuring that the appropriate action is taken.

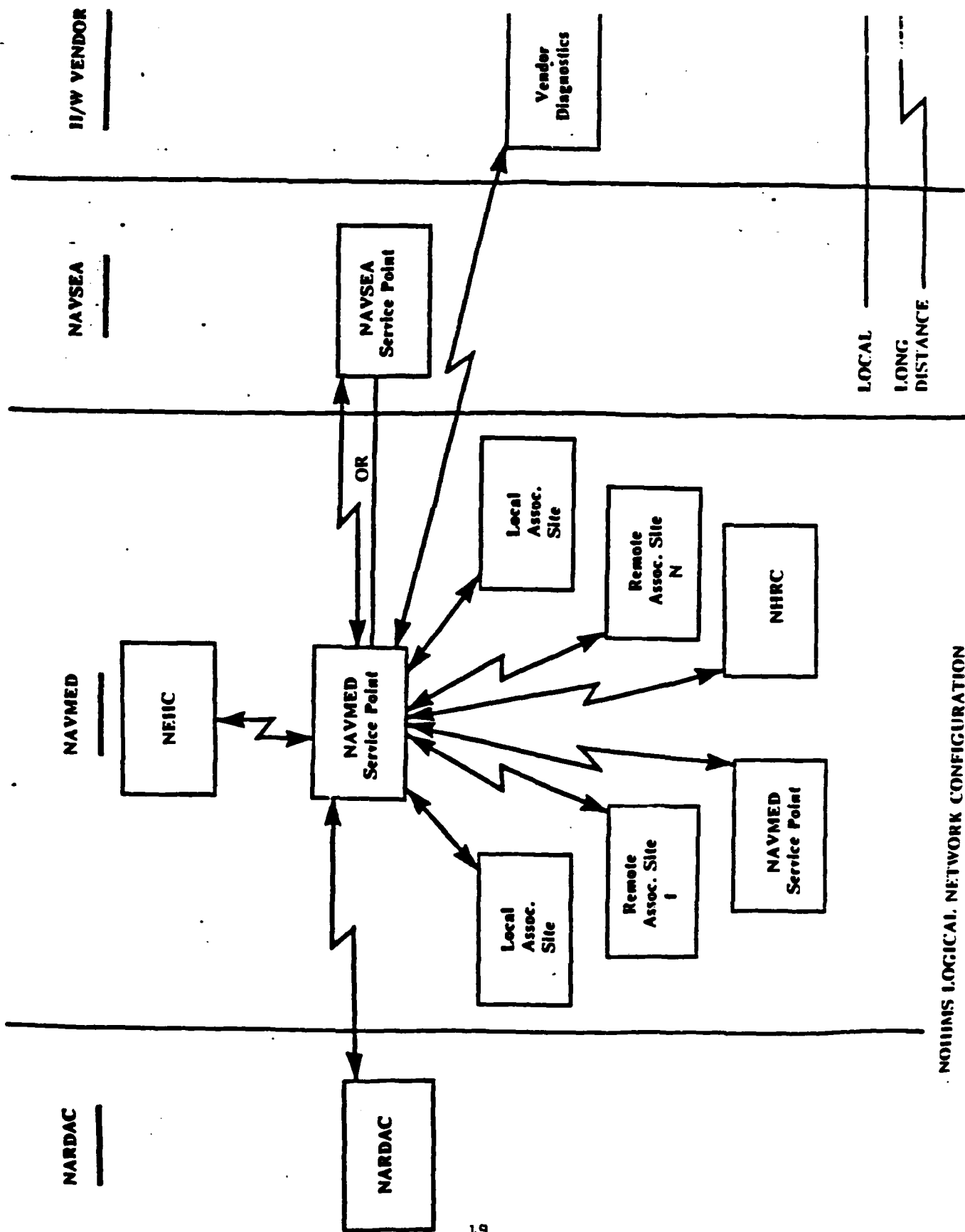
Paragraphs 2.5.1 through 2.5.7 address the configuration summary, communications contacts, and the vendor solution. For assistance in reading them, the following documentation should be available:

- . Draft Communication Plan, Milestone I, for the Navy Medical Command (NAVMEDCOM), Navy Occupational Health Information Management System (NOHIMS DCP I) -- December 1985
- . Draft Communications Plan, Milestone II, for the Navy Medical Command (NAVMEDCOM), Navy Occupational Health Information Management System (NOHIMS DCP II) -- Published July, 1986 with the August 13, 1986 Revision.

2.5.1 Communication Configuration Summary. There are three (3) basic components that must be implemented for the NOHIMS system: on-base, intermediate, and long haul circuits (See Figure 2-3).

2.5.1.1 On-base circuits. Each Naval Hospital will install a VAX 8200 host system. The NOHIMS terminals accessing the VAX 8200 on-base will require the assistance of the host command's communications department (See Section 2.5 above). Three types of terminal-to-host, on-base circuit installations, may be required (See Appendix B, "Terminal-to-Host Local Connections"):

- . Circuit Type #1 - Direct Cable (DCP II, p.18)
- . Circuit Type #2 - House Telephone Wires and Short Haul Modems (DCP II, p.20)
- . Circuit Type #3 - General Purpose Local Area Network (LAN) (DCP II, p.21)



NAVJMS LOGICAL NETWORK CONFIGURATION

Figure 2-1

CONFIGURATION ORDER TYPE
TERMINAL TO PROCESSOR CONNECTIONS

<u>Local Circuit</u>	<u>Configuration Type</u>
1	Cable
2	Twisted Pairs and limited distance modems
3	Local Area Network (LAN)
4	Terminal Dial Direct to Host
5	Terminal Dedicated Direct to Host
6	Terminal Dedicated Direct to Host using MUX
7	Terminal Dial Access to Host via DDN
8	Terminal Dedicated Line Access to Host DDN

FIGURE 2-3

2.5.1.2 Intermediate Circuits. Some sites located in the local dialing area or within 20 miles of the host site may be configured with intermediate circuits. Three types of intermediate circuits may be used: (See Appendix B, Terminal-to-Host Intermediate Distance Circuits.)

- . Circuit Type #4 - Terminal Dialing Direct to the Host (DCP II, p.22)
- . Circuit Type #5 - Dedicated Leased Lines to the Host for each Terminal (DCP II, p.26)
- . Circuit Type #6 - Dedicated Statistically Multiplexed Connection (DCP II, p.27)

2.5.1.3 Long Haul Circuits. Most NOHIMS VAX 8200's will be connected to the DDN (MILNET) via 19.2 lines (See DCP II, p.31 Dedicated 19.2 to DDN IMP). NARDAC Washington has ordered the DDN connections to the VAX 8200. NARDAC Washington is responsible for the development, submission, and tracking of the necessary User Requirement Data Base (URDB) document and the Telecommunications Service Requests (TSR's) for the NAVMEDCOM sites. Two types of long haul circuits may be used (See Appendix B, "Terminal-to-Host Long Haul Circuits"):

- . Circuit Type #7 - Dial Terminal Connection to DDN TAC (DCP II, p.30)
- . Circuit Type #8 - Dedicated Terminal Connection to DDN TAC (DCP II, p.32)

2.5.2 Summary of Communication Implementation Approaches. Several approaches are considered for each of the on-base, intermediate, and long haul circuits. They include: the primary approach, the backup approach, and the alternative approach.

2.5.2.1 Primary Approach. The primary configurations are the ultimate goal and will be implemented whenever possible. Each site will be analyzed on the scheduled site visits.

2.5.2.2 Backup Approach. The backup configurations support the primary configurations and are installed in case a primary circuit is non-operational. The backup configurations will allow NOHIMS Users to keep processing but at a degraded performance level.

2.5.2.3 Alternative Approach. The alternative approach will be executed if the primary configuration is unavailable. This is most likely to occur in the DDN area where a terminal-to-host dedicated or dial line may be required while the site awaits DDN implementation.

2.5.3 Site Communication Schedule. The hardware delivery date is obtained after the "Certificate of Site Readiness" has been submitted to the Contract Administrator, while the communications hardware delivery date is derived from a Carrier Leasing Action Message (CLAM) after the communication vendor is selected. The delivery date for communication hardware is controlled by the Defense Communications Agency (DCA) and is subject to frequent slippages. It is therefore advised that NARDAC Washington be contacted for the most current delivery date.

2.5.4 Site Communication Preparation. A NOHIMS site survey package will be part of the site preparation activities. The package will determine the host location and establish tasks/responsibilities; it will include the following materials:

- . Service Point and Associated Site Configurations
- . NOHIMS Generic Hardware and Software Items
- . Site Hardware Orders
- . NOHIMS Plan of Action and Milestones
- . VAX 8250 Description
- . NOHIMS Site Preparation Checklist

2.5.5 Communications Contact List. The following list contains names and telephone numbers of contacts who can assist with the communications processes. If any of the information is incorrect or changes, please notify Ms. Barbara Hawley, NARDAC Washington, A/V 288-4218.

- a) NOHIMS Implementation

Mr. Richard Sundberg		A/V 288-4218
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- b) NAVTELCOM

Ms. Roberta Quetot	(H1's, T1's)	A/V 251-2185
Mr. Leon Walker	(TSR's)	A/V 292-0573
Mr. Russ Preble	(TSR Info/NAVTASC)	A/V 251-2185

NAVTELCOM Telecommunications Management Detachment (TMD)		
Mr. Emmet White (East Coast)		A/V 565-1530
Mr. Jess Cipres (West Coast)		A/V 958-5021

c) Site Contacts

<u>NARDAC</u>		
Mr. Richard Sundberg		A/V 288-4218
 <u>Portsmouth, NH (NSY)</u>		
Ms. Robin Despin	(ADP Mgr)	A/V 684-2082
Ms. Lillian Walsh	(Comm/NSY Telephone)	A/V 684-2250
 <u>Puget Sound</u>		
LT Micheal Tome	(Medical Comm/NSY Phone System)	A/V 439-9302

2.5.6 Site Survey Report. A site survey report will be produced containing NARDAC's analysis of the site, configurations, changes to configurations, site preparation checklist, and responsibilities.

2.5.7 Communications Training. Training on the interactive portion of the Defense Data Network (DDN), known as the Telecommunications Network (TELNET), will be provided by InterSystems during M/VX training (See Section 4.3.3.2). This training will provide the protocols necessary to log onto and off the network. Information on DDN can also be obtained from the Defense Communication Agency pamphlet "DDN NEW USER GUIDE" of December 1985.

2.5.8 Summary of Communications Responsibilities. Specific responsibilities for implementing DDN are:

NARDAC

- . Planning (System Installation Implementation Plan (IIP), Cutover Plan)
- . Conducting Site Surveys
- . Directing activities (User Requirements Data Base (URDB) request to Full Operational Capability)
- . Acceptance (Acceptance Test Plan, Operational Test and Evaluation (OT&E) Test Plan)
- . Tracking

Vendor

- . Provide DDN Qualified Interface
- . Installation/checkout of equipment
- . Integration support
- . Training/Documentation

NAVMEDCOM Communications Site Manager

- . Site Planning (IIP, Cutover)
- . Site Survey
- . Site Preparation and Coordination
- . Site Installation/Cutover
- . Local Communication Circuits
- . Host Administrator

2.6 Medical Forms Preparation. This section provides information to the site manager on the forms and techniques used to gather and enter data into the Medical Component. The forms discussed below are the vehicle used for data entry of medical information into the patient's record.

The encounter section of the Medical Component stores background information on the patient, such as previous exposure, lab tests required, and basic registration information needed to identify the patient. This information will be collected on several Standard Forms plus four NOHIMS Standard Forms that were developed by the Medical Forms Committee. (See Appendix H, Medical Component Forms). These forms are:

- . SF-78 Certificate of Medical Examination
- . SF-88 Report of Medical Examination
- . SF-93 Report of Medical History
- . SF-600 Chronological Record of Medical Care
- . SF-6120/2 Officer Physical Examination Questionnaire
- . DD 2215 Reference Audiogram
- . DD 2216 Hearing Conservation Data
- . NEHC 6260/2 Navy Asbestos Medical Surveillance
Roentgenographic Interpretation
- . NAVMED 6260/5 Periodic Health Evaluation Navy Asbestos
Medical Surveillance Program
- . Occupational Health Care Patient Registration Form
- . Occupational Health Care Physical Exam Data Sheet Encounter Form
- . Naval Medical Clinic Acute Care Encounter Form
- . Naval Medical Clinic Occupational History Form

In addition, a new Medical Surveillance Examination Form is in the development stages.

Data entry will be done directly from the Standard Forms (NAVMED, NEHC, DD and SF) and NOHIMS Standard Forms. This data entry process will be covered in greater detail during User training at your site.

Minor modifications will be necessary to the NOHIMS Standard Forms to reflect site-specific information of "Duty Station or Activity" and "Site". The format of this information is discussed in further detail in the questionnaire in Appendix D, "Primary Clinic and Duty Station or Activity."

Each site manager will have the NOHIMS Standard Forms printed for local use.

Lab results data will continue to be gathered on current Standard Forms. A sequence for data entry of these lab results has been set up in the system. This data entry process, again, will be covered in greater detail during User training at your site.

2.7 ADP Supplies. Supply needs will vary based on site configuration and vendor. Contact your local supply office to obtain information as to how and where to purchase different supplies.

In addition, the User may purchase ADP furniture, the type and quantity of which will be dependent upon site configuration. Generally, this purchase could include printer stands, operator chairs, and console tables. Requests should be submitted to the local Procurement Office in order to coincide with hardware delivery.

For assistance when purchasing Digital supplies, contact Digital Accessories & Supplies Group at 1-800-258-1710.

The following is a list of equipment and the associated supplies required for system startup. These supplies must be ordered to coincide with hardware delivery.

<u>DEVICE</u>	<u>TYPE</u>	<u>USE</u>	<u>REQUIRED</u>
1) FUJITSU DL2400/ DL2600	Low Speed Printer	General Printing Console Printing	Paper type: Pin fed, 80 or 132-character continuous form paper. Ribbon: FUJITSU DPL24 or compatible.
2) StarWriter F10/55	Letter Quality Paper	Letters, Notices	Paper type: Pin fed, 80 or 132-character continuous form paper. Printwheels: DIABLO 630 or compatibles. Ribbon: DIABLO HY-TYPE or compatible.
3) DIGITAL LG01-AA	System Printer 600 lines/ minute	Medical Facsimile Forms	Paper type: Pin fed, 80 or 132 continuous fanfold forms. Line printer ribbon: DEC LGXXR-04/UT or compatible.
4) DIGITAL LP11-BA	Line Printer 300 lines/ minute		Paper type: Pin fed, 80 or 132 continuous fanfold forms. Line printer ribbon: LP25R-06/AB or compatible.

	<u>DEVICE</u>	<u>TYPE</u>	<u>USE</u>	<u>REQUIRED</u>
5)	DIGITAL LCP01	Graphics Printer		Paper type: Plain 8.5 x 11 in.
6)	KENNEDY 9600A	Tri-Density 800/ 1600/3200 BPI Tape Drive	Backup: Archiving	Magnetic Tapes: Rated at 6250 BPI, 2400 foot 1/2" Tape on 10 1/2" reel DEC TUN24-SL/UT or compatible; estimated initial amount: 30
7)	RA60-CA DISK DRIVE	205 MB Removable	Daily & Standalone Backup	Disk Pack: 0 included with system; estimated initial amount: 7. Exclusively manufactured by Digital. Purchase on open market. RA60-P/UT or compatible.
8)	RX-50 DISKETTE DRIVE	RX-50 Digitally Formatted Diskette	Emergency Boot	1 box of 10 diskettes

SECTION 3

INSTALLATION AND IMPLEMENTATION GUIDELINES

SECTION 3. INSTALLATION AND IMPLEMENTATION GUIDELINES

3.1 Introduction. This section details the processes and procedures that will be followed during system installation and implementation of the NOHIMS system.

The term "Installation" includes:

- . Receipt of the NOHIMS equipment
- . Inventory and setting up of the equipment
- . Loading of system software
- . Initial system acceptance test on the system

The term "Implementation" includes:

- . Setting up of security for the NOHIMS system
- . Configuring of directories on the available magnetic storage
- . Loading of application software
- . Initializing NOHIMS databases

3.2 Hardware Installation. The purpose of this section is to explain the procedures to be followed in the receipt and installation of the system hardware and related components.

The site manager will receive DD Form 1155, Delivery Order (See Appendix C) prior to hardware delivery. This form will identify the hardware and components that were ordered. InterSystems Corporation will be forwarding DD Form 250, Material Inspection and Receiving Report (Appendix C), detailing what it is shipping. InterSystems Corporation has the option of submitting as many DD-250's as it chooses (i.e., separate DD-250's for hardware, software, and documentation). Upon delivery of the hardware and related components, the site manager is to contact the Contract Administrator, A/V 564-4657. The Contract Administrator will then inform InterSystems and NARDAC Washington; InterSystems will then send an installation team to the site which will, with the site manager, verify items received with those items identified on the DD Form 250's and the DD Form 1150.

Any items received that are not shown on the DD-1155 are overages and should be reported immediately to InterSystems' installation personnel and the NOHIMS Contract Administrator, Ms. Hebrew, A/V 564-4657. Do not proceed with installation of overages; the NOHIMS Project Office will inform the site manager as to the proper disposition of overages. Any items shown on the DD-1155 and the DD-250 that are not received are shortages and should be reported immediately to InterSystems' installation personnel and the NOHIMS Contract Administrator. Shortages are not to be signed for; such items are to be lined out on the DD-250. Any item received with apparent damage should be annotated as such on the DD-250. InterSystems personnel and the NOHIMS Contract Administrator are to be notified immediately of the damage.

Any substituted item that is equal to or less than the contract item's cost and has been technically evaluated and accepted but not modified in the contract and DD-1155 will be annotated on the DD-250 as an exception to the specified contract model number. A substituted item that costs more than the contract item or has not been technically evaluated and accepted will be lined out on the DD-250. InterSystems will submit a new DD-250 for this item when the contract modification is made. An item that has not fully met the required contract performance specifications will be lined out on the DD-250. InterSystems will submit a new DD-250 for this item and acceptance will be certified when the item demonstrates its capability to fully meet contract specifications.

The verified DD-250 is to be signed and dated by the site manager, with a copy made and forwarded to the following address:

NOHIMS Contract Administrator
Attn: Ms. Hebrew, Code 40.1
Navy Environmental Health Center
Naval Station
Norfolk, VA 23511-6695

Once the inventory has been reconciled, the technical representative will install the equipment. When installation is complete, InterSystems will notify Ms. Barbara Hawley, NARDAC Washington, A/V 288-4218. Under the direction of NARDAC Washington, the site manager and the InterSystems representative will conduct the hardware acceptance test (For detailed information concerning the acceptance test see section 3.3.2). After successful completion of the acceptance test, the System Manager will sign for acceptance and forward the DD-250 within 24 hours of acceptance. The NOHIMS Contract Administrator will make final distribution to:

Forward original to: DCASMA Boston
Attn: Code DCASMA-FACB-B2
495 Summer Street
Boston, MA 02210-2184

InterSystems Corporation
Attn: Mr. Ray Woo
210 Commercial Street
Boston, MA 02109-1302

Commanding Officer
Naval Regional Contracting Center
Attn: Code P1D/Mr. Courtney
Washington Navy Yard
Washington, DC 20374-5000

Commanding Officer
Navy Regional Data Automation Center, Washington
Attn: Code 4443
Washington Navy Yard
Washington, DC 20374-5000

It is emphasized that system acceptance is to be closely coordinated with the NOHIMS Contract Administrator who should be called by the site manager prior to final sign-off.

3.3 System Demonstration and Acceptance Test. InterSystems, under the guidance of NARDAC Washington, will demonstrate the system to the User. System acceptance testing will be done at the User's service point.

3.3.1 System Demonstration. InterSystems will provide an executive overview on-site at each specified service point. The demonstration will cover a general description of the equipment components, software, and the Contractor's support plans. This demonstration is designed for upper/middle managers involved in the management, operation, and use of the system (See Training, Section 4.3.1.).

3.3.2 System Acceptance Test. The purpose of the system acceptance test is to gain the customer's certification of the system's functionality. The system acceptance will be conducted in two phases of testing: diagnostic testing and operational testing. A NARDAC Washington representative will coordinate each of these tests and will provide the site manager with detailed requirements for each. Upon successful completion of both tests the site manager will present the NARDAC Washington Implementation Team representative with a signed and dated "Certificate of Acceptance" attesting to the error-free operation of the NOHIMS system.

3.3.2.1 Diagnostic Testing. The diagnostic testing is designed to certify that the system software and the hardware components function properly. The system will be considered as having passed the test only if the test is error-free.

3.3.2.2 Operational Testing. The operational testing is designed to certify the proper functioning of the NOHIMS specific software. This test will be based on the benchmark tests developed for each module (excluding the Administration module). Testing will only be considered successful when the system operates at an effectiveness level of 90% or more for a period of thirty (30) consecutive days. Proof of error-free operation will be in the form of an automated system error log. The system manager should check the error log daily to verify that the system is error-free.

When the system has successfully completed the performance period at an effectiveness level of 90% or more, NARDAC Washington will sign the DD-250's for acceptance and date them for the first day of the successful performance period. If the 90% effectiveness level has been met, the system may be partially accepted by annotating the exceptions on the DD-250.

3.4 Implementation.

3.4.1 Directory Creation/Load. The Navy Occupational Health Information Management System (NOHIMS), consists of two Components: Medical and Industrial Health (IHC). The two components were designed independently and contain unique databases; each must be implemented separately in different directories: [MEDICAL] and [INDUST]

3.4.2 Initial Database Creation/Load. The Industrial Health Component requires site-specific data to be entered into the database before it may be considered operational. The core of the IHC is a collection of data files. Some of these data files contain controlled vocabularies of terms -- "national" files. These files are provided by the Navy or other agencies or may be "built-up" over time under the guidance of the Configuration Control Board. The remaining data files are "local." These files contain data specific to a module and site. The contents of these files change frequently as new data is added or old data is removed. Data will be loaded into these files manually from questionnaires compiled by site personnel and through automated download of data from existing automated information systems.

3.4.3 Industrial Health Component Database Manual Load. NARDAC Washington has created data collection questionnaires for each file that must be set up manually. These questionnaires will be distributed at the Pre-Implementation Planning Workshop that will be conducted at each site approximately two months prior to system installation (See Training, Section 4.2.2). The information collected on these questionnaires will create a segment of the database for the site during installation. Collection of this data prior to installation will ease the installation process for both NARDAC Washington and the site. Appendix D contains these questionnaires.

Entry of the following data files is required:

- Site
- Location
- Clinic
- Organizational Level
- Agency/Agency Units
- Collection Instruments
- Exposure Notices
- Personal Protective Equipment
- Products
- Respirators
- Survey Monitors

Entry of the following data files is optional:

- Local Operations
- Calibration Tracking
- Calibration Agencies
- Laboratories

3.4.4 Industrial Health Component Database Automated Load. Two files will be downloaded from other automated information systems: Employee File (from Naval Civilian Personnel Data System) and Material File (from Hazardous Material Information System).

3.4.4.1 Naval Civilian Personnel Data System (NCPDS) Data Transfer/Update. The Naval Civilian Personnel Center (NCPC), in Oak Ridge, TN, will send out the initial tapes to transfer personnel data from NCPDS to the NOHIMS Personnel file. These tapes will either be generated from each site's Industrial Relations Office (IRO)/Personnel Office, or at the Oak Ridge center. The tapes will then be shipped to the site's IRO/Personnel Office, which will then distribute them to the NOHIMS site manager. When future updates are necessary, NCPC Oak Ridge, will send the tapes to the IRO/Personnel Office at your site. The IRO/Personnel Office will then distribute the updated tape(s) to the NOHIMS site manager.

3.4.4.2 Hazardous Material Information System (HMIS) Data Transfer/Update. The HMIS tapes are generated at the Defense Logistics Agency (DLA) located in Richmond, VA. Seven tapes are created: four safety tapes and two transportation tapes, plus a cross-reference tape. From DLA, tapes are forwarded to NEHC, Norfolk, VA where additional hazardous materials, presently not on the tape, are added. NEHC then prepares and distributes many copies, one of which is for NARDAC Washington.

The HMIS tapes will be processed on a quarterly basis, e.g., November (the first tape of the year) and the following update tapes in February, May, and August.

NEHC usually receives the HMIS tapes by the middle of the processing month:

<u>Processing Month</u>	<u>NEHC Receives</u>
November	November 15
February	February 15
May	May 15
August	August 15

NARDAC Washington will receive the tape a month and a half later:

November	1st Week in January
February	1st Week in April
May	1st Week in June
August	1st Week in October

NARDAC Washington will then have the responsibility of copying and forwarding all the HMIS tapes to the NOHIMS sites and returning the original tapes to NEHC.

The NOHIMS sites can expect receipt of HMIS tapes as follows:

<u>Processing Month</u>	<u>NOHIMS Site Receives</u>
November	Last Week in January
February	Last Week in April
May	Last Week in June
August	Last Week in October

These tapes contain records on 35,000 hazardous materials used by DoD. There are three methods for loading the HMIS data: (1) a selective data load using the National Stock Number as a match with records on the HMIS tape, (2) a selective data load using the National Stock Number, Federal Supply Code for Manufacturers, and Part Number Indicator as a match to records on the HMIS tape, and (3) a full load of HMIS. Methods (1) and (2) will require questionnaires to be filled out. The site manager will select the data load method most appropriate for his/her site.

Between quarterly updates, each facility may add additional HMIS records to its files by entering the three identifying fields for each new record (stock number, federal supply code for manufacturer, and part number indicator) and processing the tapes. When the new records have been transferred from the tapes, processing stops and the update process is complete.

In addition, the local Material Safety Data Sheets (MSDS's) are used to augment NOHIMS hazardous materials procedures and are sent from the facility's supply department to the hazardous material processing shop for review and possible entry into the system. The data from the MSDS is manually keyed into the system. These locally entered MSDS's stay in the system until they are manually deleted. HMIS records contain the same categories of information as the MSDS document. The ability to enter local MSDS's separately from HMIS updates enables each facility to have on file current hazardous materials information that may not appear on the HMIS tape until some later date.

3.5 Archive Instructions. Archiving will be achieved by completing a tape backup of the NOHIMS production system's MUMPS.DAT files on a monthly basis. This backup will include the MUMPS.DAT files in both the [MEDICAL] and [INDUST] directories. The process will be outlined in the Site Manager's Guide prepared by NARDAC.

SECTION 4
TRAINING GUIDELINES

SECTION 4. TRAINING GUIDELINES

4.1 Introduction. This section describes the training that will be offered to user sites during the NOHIMS installation. Since NARDAC is responsible for coordinating all efforts involved in the installation, the training provided by the hardware vendor, InterSystems, is described along with that provided by NARDAC. Responsibility for teaching site personnel how to use the system will be divided between InterSystems (for hardware, operating system software, optional upgrades) and NARDAC (for application system software, i.e., NOHIMS Components).

"NOHIMS Training Matrix," in Appendix G, identifies each training stage, the courses offered during each stage, and those personnel whom NARDAC feels would most benefit from each course. However, it is the responsibility of the site to make the final determination as to who should attend training and to schedule those personnel accordingly. Only personnel who will be actual users should attend these courses, and it is recommended that a maximum of two students per terminal be scheduled for each session. The site will also be responsible for providing facilities for classroom training and associated training aids (i.e., terminals and printers used in class).

NARDAC will provide training materials for each scheduled student; the site will be responsible for providing additional required copies.

"NOHIMS Documentation Checklist," in Appendix G, identifies each training stage and the documentation to be delivered to each site by NARDAC. The Site Manager will check and date each delivery. When all documentation is received, the Site Manager will sign and date the form and return it to NARDAC Washington.

The training described in the following paragraphs follows the stages of system implementation. Detailed instructions, length of classes, structuring of training, and required site assistance will vary according to site requirements; this information will be covered in a specific training plan which will be provided after the site has been scheduled for implementation.

4.2 Pre-Implementation. To facilitate coordination efforts involved in system start-up, NARDAC will offer pre-implementation assistance.

4.2.1 Hardware Planning. NARDAC will conduct a site survey to assist in planning for the new computer center. A Site Survey Package will be presented during meetings with the Site Manager(s), Facilities Engineer(s), and telecommunications representatives (See Sections 2.4 and 2.5.4).

4.2.2 Software Planning. NARDAC will offer orientation and planning workshops at least two months prior to scheduled hardware installation.

4.2.2.1 System Orientation. This session, which is planned for approximately one-half day, will be presented for Site Manager(s), module representatives, and other management personnel. It will cover the following topics:

- . Purpose and history of NOHIMS
- . Description of the NOHIMS Medical and Industrial Health Components
- . Overview of the hardware, software, and personnel support to be provided to each site
- . Implementation schedule

4.2.2.2 Planning Workshops. Site-identified module representatives will participate in individual workgroups, lasting from one to four hours, to discuss with NARDAC personnel:

- . Functional operations of:
 - Medical Component
 - Individual modules within the Industrial Health Component
- . Unique operations at the site that will affect NOHIMS implementation
- . Information needed for data base creation (See Appendix D)

4.3 Hardware Installation. Training during this stage will be presented by InterSystems or Digital. The level of instruction is for personnel with prior training and experience in Automatic Data Processing (ADP).

4.3.1 Executive Overview (InterSystems). This two-hour course, provided only at site request, will be given at no additional charge if given on-site at the time of installation. It will be presented for site-selected personnel (not to exceed 15) and will cover the following topics:

- . Equipment components
- . Operating software
- . Contractor's support plans

4.3.2 Operator Training (Digital). This two-day, on-site course will be provided concurrently with installation of equipment. It is designed for Site Manager(s) and computer clerks/operators (not to exceed 20) and will cover the following areas:

- . How to manage system documentation and distribution media
- . Start-up/shut-down procedures
- . Backup and recovery
- . Security review
- . User account management
- . Disk space management
- . Spooling management
- . Batch queue management
- . Planning for hardware and software additions

4.3.3 Systems Software Programmer/Operator Training. Instruction will be offered on the design, function, purpose, and maintenance of all systems software. This course will be offered in two parts.

4.3.3.1 VMS Training (Digital). This five-day course will be offered for site system software specialists (not to exceed 15) and will cover the following:

- . Hardware and system software concepts
- . Specific site configuration
- . Troubleshooting procedures
- . Software development procedures
- . Accounting/analysis of log file
- . Log in/log out command files
- . Resource allocation
- . Inter-user communication
- . Digital Command Language
- . Error logging
- . Review of editing techniques
- . System generation procedures

4.3.3.2 M/VX Training (InterSystems). This three-day systems software training course will be offered for site software specialists (not to exceed 15) and will cover the following topics:

- . Creation and management of MUMPS files and directories
- . Distributed database support for MUMPS globals across DDN
- . MUMPS system software startup and shutdown procedures
- . Job status and job statistic information
- . Overview of MUMPS language features

4.4. System Implementation/System Startup Training during this stage will be provided by NARDAC.

4.4.1 System Management I. NARDAC will provide Site Manager(s) and other site-identified personnel with the basic knowledge necessary for system startup and maintenance. This training will be OJT (on-the-job training) through planning for hardware and software implementation and assisting with system generation and data load. It is important that this training be completed prior to data entry (Section 3.4) and User Training (Section 4.5) since the Site Manager(s) will assist in the supervision of data entry clerks (who will be manually entering the information required to create the database) and will also begin handling the routine system functions while NARDAC trainers are still on-site. This OJT will cover the items listed on the "Site Manager's Training Checklist," in Appendix G.

4.4.2 Data Entry. In order to assure quality control during creation of the database, NARDAC will offer training of data entry personnel beginning immediately after System Management training is completed. This training, provided only at site request, will include:

- . Overview of relevant data elements
- . Keyboard conventions
- . Forms and prompt sequences used in data entry

4.5 System Implementation/User Training. NARDAC will offer the courses described below. These sessions can be concurrent with data input into the "live" system since a "training database" will be used to prevent any corruption of NOHIMS data during hands-on training/practice.

4.5.1 System Management II. This more formalized instruction is offered for Site Manager(s) and ADF Staff. It will include a review of site-specified items from the "Site Manager Training Checklist."

4.5.2 Industrial Health Component (IHC). An introductory course and separate courses for each module will be presented.

4.5.2.1 Introduction to the IHC. This course is a pre-requisite for all IHC module courses. It will cover information necessary for actual access of the system and those conventions, procedures, and techniques common to all modules, including:

- . Overview of the IHC
- . Operating procedures (keyboard, access, menu navigation)
- . Input procedures (prompt sequences, LAYGO files)
- . Output procedures (device handling, report retrieval)
- . Troubleshooting

The main training aids for this session will be the NOHIMS Primer (provided by NARDAC) and individual terminals, printers, and an overhead projector (to be provided by the Site).

4.5.2.2 Module Training. There will be separate courses for each of the NOHIMS modules:

- . Environmental Exposure (EE)
- . Hazardous Materials Control (HMC)
- . Medical Exam Scheduling (MES)

Facsimilies of actual records may be used to facilitate comparison between currently-used procedures and NOHIMS. Data will be entered into the system, and actual reports will be generated. Adequate time will be allowed for classroom discussion and one-on-one instruction. The main teaching aids for each workshop will be the NOHIMS User's Manual and Operator's Guide for that module (provided by NARDAC) and the terminals and printers (provided by the site).

4.5.3 Medical Component Training. This course covers both the information needed to access the system and the usage of the Medical Component. It will include actual hands-on data entry and report retrieval. The main teaching aids will be the User's Manual (provided by NARDAC) and the terminals and printers (provided by the site.)

4.6 Post-implementation Training.

4.6.1 Advanced IHC Usage. NARDAC will offer instruction to selected users in specialized (ad hoc) report generation/query using the Veterans' Administration's FileMan procedures to manipulate files and format reports. This instruction is recommended only for Site Manager(s) and selected module representatives who have used the modules extensively. Users need to know what reports the modules can and do produce before using ad hoc queries to develop any new reports. For this reason, the course cannot be offered with the standard module usage training workshops; it will be scheduled separately. The training aids used will be the NOHIMS Primer and the VA FileMan Users' Guide.

4.6.2 Remedial Training. Personnel turnover will create a need for continuing and refresher training. To meet this need, a Computer-Aided-Instruction (CAI) module is currently under development. It will be a self-tutoring program that explains the operation of NOHIMS in user-friendly terms.

4.6.3 Optional Enhancements. In the event that sites choose to purchase additional enhancements to the system, InterSystems will provide thorough training courses. These enhancements may include:

- . Word-processing (MWORD or Multi-Word)
- . Electronic Mail (EMAIL)
- . Statistics (SPSS)

SECTION 5
SECURITY GUIDELINES

SECTION 5. SECURITY GUIDELINES

5.1 Introduction. NOHIMS is classified as Data Level II which requires privacy act protection; therefore, a limited ADP access security mode should be utilized in system configuration, consistent with Class C2 of NAVMEDCOMINST 5239.1. C2 requires users to be individually accountable for their actions through LOGIN procedures, security-relevant event audits, and resource isolation.

Once NOHIMS is implemented at an activity, project security becomes the responsibility of the activity's ADP Security Officer and must be included in the ADP Security Plan (OPNAVINST 5239.1A).

5.2 Environmental Security. Environmental security involves protection of the computer facility and any required storage areas. Key issues to consider are facility site selection, controlled access to the site, access to tape and disk libraries, off-site storage of critical programs and files for backup, and periodic security audits. Since these subjects are addressed in each activity's ADP Security Plan, the Plan must be reviewed with the ADP Security Officer to ensure conformance with activity standards.

5.3 Hardware Security. The hardware has the capability to support the operating system in providing complete protection of Users from one another. One User's program or command will not affect or read any other User's data, program, or status when in the same "namespace" (i.e., logical partitions).

a. **Network Security.** The following network features must be provided:

- . Access control
- . Screening of User ID's by each communications facility and code verification before allowing access to system resources
- . Automatic disabling of terminals after a predetermined number of unsuccessful LOGON attempts or after a predetermined period of idle time on the terminal (i.e., timed read)

b. **Virtual Terminal Access.** A terminal on one CPU will appear to be connected to another CPU in the network when a processor-to-processor link is established. With such a link, a User will be able to access only those databases and functions authorized for that User.

c. Access Devices. This permits the screening of dial-up calls to a processor site based upon the caller's entering a valid identification code; after use the line is disconnected. The following capabilities should be provided:

- . Event logging

- . Journalling to record line usage, host system computer usage, and times of LOGON's and LOGOFF's

d. Prioritized Usage. Critical Users will be given first access rights to the host while Users determined less critical will be queued for access.

e. Monitoring. The monitoring of modem usage, queuing status, and message broadcasting is provided.

f. On-line Immediate Access Mass Storage (IAS). On-line IAS should be provided by at least two devices, one of which is removable. The removable device is to be capable of storing 30% of total IAS data. This data will not be destroyed in the event of a power failure.

g. Device Assignments. Specific MUMPS routine names can be assigned to particular devices so that users of the device are limited in terms of system access to those routines; this assignment is transparent to standard MUMPS applications and users.

h. Duplicate Routine and Global Names. The system allows for up to sixteen redundant User-specified "namespaces."

i. Job Control Language (JCL). The JCL utilized by the system will provide access to system resources according to the User's authorization.

j. Interactive Timesharing Support Software. In order to LOGON to the system, Users should be required to enter a valid user identification code and password (validity code).

k. Password. Protection will be accomplished by masking at all terminals.

5.4 System Software Level Security. Validation of batch and timesharing Users must be provided by assigning each User a unique identification code and password. It will be mandatory for the User to enter these codes before access to any resource is allowed, and the codes should be subject to validation procedures. The system must also provide for an automatic disconnect after "n" unsuccessful LOGON attempts and should include provisions for journalling of all such attempts as to device, User ID, and time.

User ID and password libraries will be established with the system manager having exclusive access. Passwords are to be User-designated and, at a minimum, six characters in length. The User should also have the capability of changing passwords after the initial User ID/password combination is entered.

5.5 NOHIMS Application Software Level Security. The two Components, Industrial Health and Medical, use different security methods. The IHC uses the VA Kernel software package for both hardware and software security features; the MC uses the COSTAR software security functions.

5.5.1 Industrial Health Component Security. Hardware security is provided by the Device File; software security, by the User File and the Option File.

5.5.1.1 Device File. This file contains specifications and general information concerning which devices are attached to the computer; it provides the following security features:

- . Timed Read - a terminal may be assigned a timed read which will cause the terminal display to exit from the current option if left in an idle state for a specified number of seconds.
- . Number of Sign-On Attempts - after a selected number of unsuccessful sign-on attempts, the terminal can be locked. The terminal may also be assigned a specific number of seconds to remain in the locked state.
- . Sign-On Prohibition - the terminal may be assigned certain time periods, specified by local time, during which User sign-on will be prohibited.

5.5.1.2 Option File. This file is designed to control access to the processing options by creating various menus.

5.5.1.3 User File. This file is designed to control users access to the IHC through the following features:

- Access Code - unique code designating access to IHC functions
- Verify Code - unique secondary code associated with Access Code.
- File Manager Access Code - code designating access to FileMan files.
- Timed Read - designated number of seconds during which a terminal may remain idle before the current option is exited. This timed read overrides the timed read specified in the Device file.
- Menu options - the various options which this user may access.

5.5.2 IHC Specific Security Implementation Procedures. The following sections describe the procedure for completing the security forms for the Industrial Health Component.

5.5.2.1 User Security. Every User of the system must be assigned an identification code (Access Code) having a minimum length of three characters. The code, which must consist of only upper-case alpha characters or digits (0 through 9), is entered by the User each time he/she logs on to the system. Associated with each code is a definition of options and suboptions that the User of the code is allowed to perform. This defined list is commonly referred to as "Menu options."

The User Security Questionnaire is in Appendix E. One should be filled out to identify every User of the system; instructions for filling it out are:

- User Name - enter the User's name in the format: Lastname, Firstname Middle Initial.
- Access Code - enter the code assigned to this User.
- Position - enter the job title of the User (up to 20 characters).
- Menu Level - This defines the scope of a User's access to a particular module. For each module, mark the User Block if only a portion of a module is required; if access to the entire module is required, mark the Manager Block.

- Menu Option - This defines the type of access the User requires for each module. If the User has a need to enter/edit data but not to display/list data, mark the Input Options Block. If the user has a need to display/list data but not to enter/edit data, mark the Output Options Block. If the user has a need to enter/edit and display/list data, mark both blocks.

5.5.2.2 Device Security. Each terminal (CRT or printer) that is attached to the main computer must be described to the system. These terminals are described by their "line number", which is fixed during system installation and changes only when changes are made to the system's communication setup. NOHIMS requires that each device be described to the system; if a line number is not described, the system will not allow a User at that device to LOGON to NOHIMS. At the end of pre-initialization, the only device that is described to the system is the system console; therefore, setup of all devices on the system must be done from the system console.

When planning the implementation of NOHIMS, the first step should be to identify the specific location of the terminals at each site/office and the Device Location Planning Questionnaire in Appendix E. One form should be completed for each site/office where devices will be used; if there will be only one site/office where NOHIMS will be used and, six or less devices, only one sheet should be completed. The instructions for this worksheet are as follows:

- Type of Device - Check the appropriate terminal or printer that you wish to install. The model number describes the terminal or printer. There should be one check mark per column of devices you wish. If you want to install a CRT and a Fujitsu DL2400 you would check CRT under column A and Plotter/Printer under column B.
- Location - Enter the area where the specific device is located. "A" corresponds to Device A on the chart, "B" for Device B, etc. The entire location should be used: SITE, LOCATION, SUBLOCATION, AREA (See "Location Questionnaire" in Appendix D for explanation of locations).

5.5.3 Medical Component Security Procedures. Each User and each device must be identified to the Medical Component. Each User must be assigned specific options he/she will be allowed to access. The following paragraphs explain the procedures for filling out the questionnaires that will be used to set up this security.

5.5.3.1 User Security. Each User and provider on the system must be assigned a classification number. The numbers are assigned based on groups of users and providers. The current Classification List on the system is provided in Appendix E. If an additional classification group is required, indicate the classification name on the list. NARDAC will assign the classification number.

The User and Provider File questionnaire is in Appendix E. The following are comments and/or directions to assist you in filling out these forms.

- . User Name - Last,First Middle Initial, Title (up to 50 characters)
- . Classification Name - enter Code corresponding to correct classification (See Classification List in Appendix E)
- . ID Code - this will be your password, up to five characters. It is suggested that you do not use your initials
- . ACKNOWL Name - this is the greeting that appears on the screen, up to 20 characters

5.5.3.2 Option Selection. The Classification File Option Selection questionnaire is in Appendix E. This information allows the Site Manager to restrict the menu options available by classification number.

- . Classification # - select the appropriate classification # from the Classification List in Appendix E
- . Access Required - check the appropriate line for each option. If all sub-options under a main level will be used, check ALL. If the main option will not be used check NONE. If selected sub-options will be used, check the appropriate box under SOME.

This form should be completed for each classification number.

5.5.3.3 Device Security. The Device Identification and Restriction questionnaire is in Appendix E. This form allows the Site Manager to restrict the menu options available on a specific terminal. Most of the information on this form cannot be completed until hardware has been installed. There are two (2) items that can be completed prior to installation: Location and Access Required. This form should be completed for each terminal at your site.

5.6 Privacy Act Protection. NOHIMS is classified as Data Level II which requires privacy act protection. Therefore, a limited ADP access security mode should be utilized in system configuration, consistent with Class C2 of NAVMEDCOMINST 5239.1. Navy Civilian Personnel Data Systems (NCPDS) will provide the tapes to transfer personnel data from NCPDS to the NOHIMS Personnel file. This procedure is in compliance with the Privacy Act Notice amended on 23 Dec 1986, vol 51 number 246, and meets the requirements of NOHIMS (See Section 3.3).

Once NOHIMS is implemented at an activity, project security becomes the responsibility of the activity's ADP Security Officer and must be included in the ADP Security Plan (OPNAVINST 5239.1A).

SECTION 6
POST-IMPLEMENTATION SUPPORT

SECTION 6. POST-IMPLEMENTATION GUIDELINES.

6.1 Introduction. This section outlines support services that will be available to User activities after initial implementation.

6.2 NOHIMS Trouble Calls. The successful implementation of NOHIMS will still leave the User with questions and need for assistance after the on-site team departs. Users may call NARDAC Washington, AUTOVON 288-4218 or (202) 433-4218, and ask for the NOHIMS Trouble Desk.

The following is an outline proposed to handle these calls in the most efficient and effective manner.

- a. Caller will ask for NOHIMS support
- b. Caller will be transferred to the NARDAC Washington team member who is on call at the time
- c. The NARDAC team member will log the caller, date, time, and the description of the problem. If the on-call team member can handle the call at the time, he/she will do so. If not, the team member will research or turn the problem over to an individual who can correct the problem. The NARDAC team member will be responsible for the trouble call until the time that a resolution has been reached and response returned to the caller or until the trouble log has been turned over to another team member (if necessary) who will follow through on the problem resolution.
- d. Calls will be identified in the following categories:
 - (1) VAX/VMS Software (refer to ISC)
 - (2) Vendor Software (refer to ISC)
 - (3) NOHIMS Software Components (NARDAC)
 - (4) Hardware (refer to ISC)
 - (5) Telecommunications (if MNET or DDN WOLONGONG, refer to ISC)

A priority will be assigned to calls in the event there are several outstanding calls.

- e. All callers will be responded to by NARDAC within a four-hour time frame.
- f. The caller will be informed in the event that there is a change of team member responsible for correcting the problem.
- g. Trouble call support will be available from 0630-1630 EST, Monday through Friday (except Federal holidays).

6.3 Software. The NOHIMS application software is under warranty by the Naval Health Research Center for the first year of operation. Software maintenance after the warranty period will be provided by NARDAC Washington. Proprietary software packages such as graphics, word processing, and statistical analysis are warranted and serviced by the vendor.

6.3.1 Trouble Calls. Software trouble calls shall be referred to NARDAC Trouble Desk, NARDAC Washington, A/V 288-4218 (See Section 6.2).

6.3.2 User Group and Software Enhancements. Future enhancements to the system will be developed and controlled by a User's Group consisting of equal representation from each site. Recommended changes from the User's Group will be reviewed and approved by the NOHIMS Configuration Control Board (CCB). No major change to the system is authorized during the first year of operation. In subsequent years, all changes/enhancements will be forwarded from the System Manager to the CCB for their review and recommendations.

6.3.3 Application Source Programs. NARDAC Washington will maintain and control the IHC and MC source programs.

6.4 Hardware.

6.4.1 Trouble Calls. Maintenance for all the NOHIMS ADP equipment will be provided by Digital Corporation Incorporated under a blanket maintenance contract. InterSystems will subcontract all equipment maintenance to Digital Equipment Corporation (Digital). Digital shall provide on-call hardware maintenance service at each site during the Principle Period of Maintenance (PPM). The PPM is a period of nine (9) consecutive hours, specified by the site, between 0700 and 2100 local time, Monday through Friday.

If a call for service is placed during the PPM, the Digital maintenance personnel shall arrive at the site installation within four hours after notification by the site. If the PPM expires before the response time, Digital shall respond at 0730 the next work day.

Digital will provide each site with a designated point-of-contact and a telephone number on which to log service calls. Calls will be received twenty-four hours a day, seven days a week. For additional information refer to hardware documentation supplied by Digital.

6.4.2 Additional Hardware Purchase. When purchasing additional equipment, such as, printers, terminals, stands, or additional disk storage, the Site Manager will coordinate with the NOHIMS Contract Administrator, Ms. Hebrew, A/V 564-4657, as to the availability of funds and requirements. With input from the Site Manager, requisition for equipment (Requisition Document, NAVCCMP Form 2276) will be initiated and forwarded to the Navy Regional Contracting Center (NRCC), Washington, D.C. (See Section 6.6.).

6.4.3 ADP Supplies--Replenishment. Replenishment of ADP supplies (printer paper, printer ribbon, tapes, etc.) is the responsibility of the User. These items can be obtained by ordering through the User's Central Supply Department in accordance with local procedures. Usage and procedures will vary between sites.

6.5 Finance and Accounting. NOHIMS is funded with WHYL funds. The Navy Accounting and Finance Center developed the cost account code 4R60 to capture costs specifically spent on the NOHIMS program. Individual activities were tasked to establish job order structures under this cost account code.

6.5.1 Program Objective Memorandum (POM). The NOHIMS Project Office submits the POM for new project starts and maintains central management of POM figures for NOHIMS prior to installation. NAVMEDCOM reviews the POM figures submitted by the NOHIMS Project Office. Initial POM figures include:

- . Supplies - \$15K for the first year and \$8K each year thereafter per service point
- . Operating costs
- . Telecommunication charges
- . Maintenance costs

After installation, local commands are responsible for submitting their own POM and Budget Requests for NOHIMS. The NOHIMS Contract Administrator can provide the initial budget estimates. Actual charges incurred under cost account 4R60 will form the basis for local commands to develop future budgets for NOHIMS-related expenses, i.e., salaries, supplies, operating costs, maintenance, and local area telecommunication charges. The NOHIMS Project Office will review these budget submissions.

6.5.2 Telecommunications. NOHIMS uses the Defense Data Network (DDN) for long haul telecommunications. All charges for DDN are billed directly to the NOHIMS Project Office. Only local area telecommunication costs should be included in local commands' budgets.

SECTION 7
PROJECT ORGANIZATION

SECTION 7 PROJECT ORGANIZATION by CDR James W. Allen, MC, USN
NOHIMS Project Manager

7.1 Implementation Responsibilities. The implementation of NOHIMS is a team effort requiring the skills of occupational health professionals, computer specialists, and facility managers. Heading the NOHIMS implementation effort at each Geographic Command (GEOCOM) is the Occupational Health Project Manager. As head of the implementation effort the Project Manager assembles a project team and assigns duties to each team member. To ensure an effective project team, the Project Manager should develop a NOHIMS Project Charter for endorsement by the GEOCOM's commanding officer. This charter (Appendix F) outlines the Project Manager's responsibilities and authorities as well as responsibilities of other team members. Included in the charter are the names and responsibilities of the Site Managers who have responsibility for NOHIMS implementation at each service point within the GEOCOM. The Occupational Health Project Manager should review the sample GEOCOM Project Charter for NOHIMS (Appendix F), modify it for local use, and discuss specific personnel assignments. Prior to initiating the NOHIMS implementation effort the Project Manager should ask the GEOCOM's Commanding Officer for endorsement of the project Charter.

The positions of Project Manager and Site Manager are critical for effective implementation of NOHIMS. These managers should have sufficient time to devote to the project. They should develop a Plan of Action and Milestones (POA&M) and execute this plan in conjunction with guidance given by Navy Regional Data Automation Center (NARDAC), Washington. The NOHIMS Project Office at Navy Environmental Health Center, Norfolk, VA, and NARDAC should receive copies of the GEOCOM's Project Charter and POA&M six months prior to initiation of NOHIMS implementation.

7.2 User Responsibilities and Funding Requirements. In addition to Project Charter requirements, the GEOCOM Project Manager must be aware of user responsibilities for NOHIMS budgeting. The GEOCOM Project Manager should review Naval Medical Command letter 6260/1I ser 24/0305 dated 5 May 87. This letter outlines funding responsibilities for the NOHIMS Project Office and for GEOCOM users.

a. NOHIMS Project Office Funding Responsibilities. The NOHIMS Project Manager will coordinate funding for:

- . Hardware at each NOHIMS service point and remote facilities
- . Hardware and software maintenance
- . Training for initial system installation on both the system and NOHIMS application program

b. GEOCOM User Funding Responsibilities. Each GEOCOM receiving NOHIMS will be responsible for implementation, operation, and management of the system. Funding to support management and operation of the system will include monies for such items as supplies, travel, local telecommunications (non-Defense Data Network Costs), operator services, and other local costs. Local commands will pay for site preparation up to \$25,000. There will be no additional personnel resources provided for the NOHIMS project.

GEOCOM's should program funds to meet the anticipated NOHIMS requirements. Figure 7.1 represents a sample of the NOHIMS costs incurred by the GEOCOM. To ensure accountability, NOHIMS funding should represent a separate budget line item under cost account code 4R60.

SAMPLE NOHIMS BUDGET BASE FOR COST ACCOUNT CODE 4R60

Listed below are sample costs which each NOHIMS site will incur during the year of installation and for the subsequent year of operation

	<u>Installation</u>	<u>Operation</u>
Travel (1)	\$ 2.1K	\$ 1.5K
Telecommunications	5.0K	10.0K
Supplies	25.0K	15.0K
<u>Site Preparation (2)</u>	<u>25.0K</u>	<u>5.0K</u>
Total	\$57.1K	\$31.5K
Operator Time (3)	20%	15%

Legend

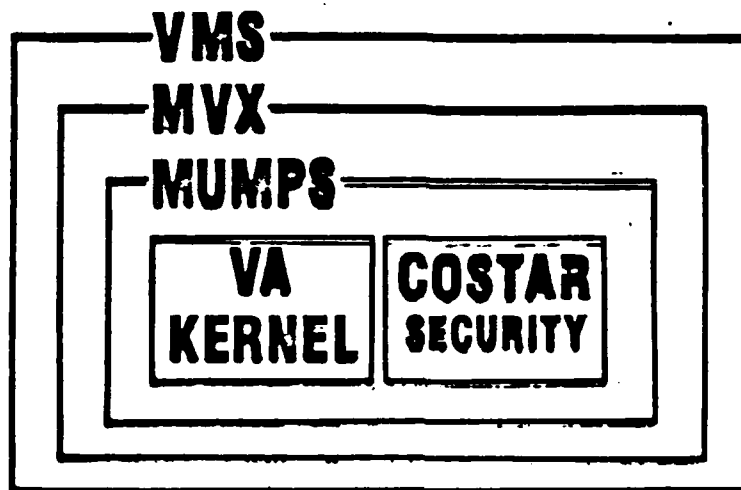
- (1) Includes two four-day trips and one three day trip to the NOHIMS END USERS and Configuration Control Board meetings
- (2) Costs over \$25K shall be funded through special project requests
- (3) Percentage of one operator's time which may be allocated to ASG. Wh/yl funding.

FIGURE 7-1

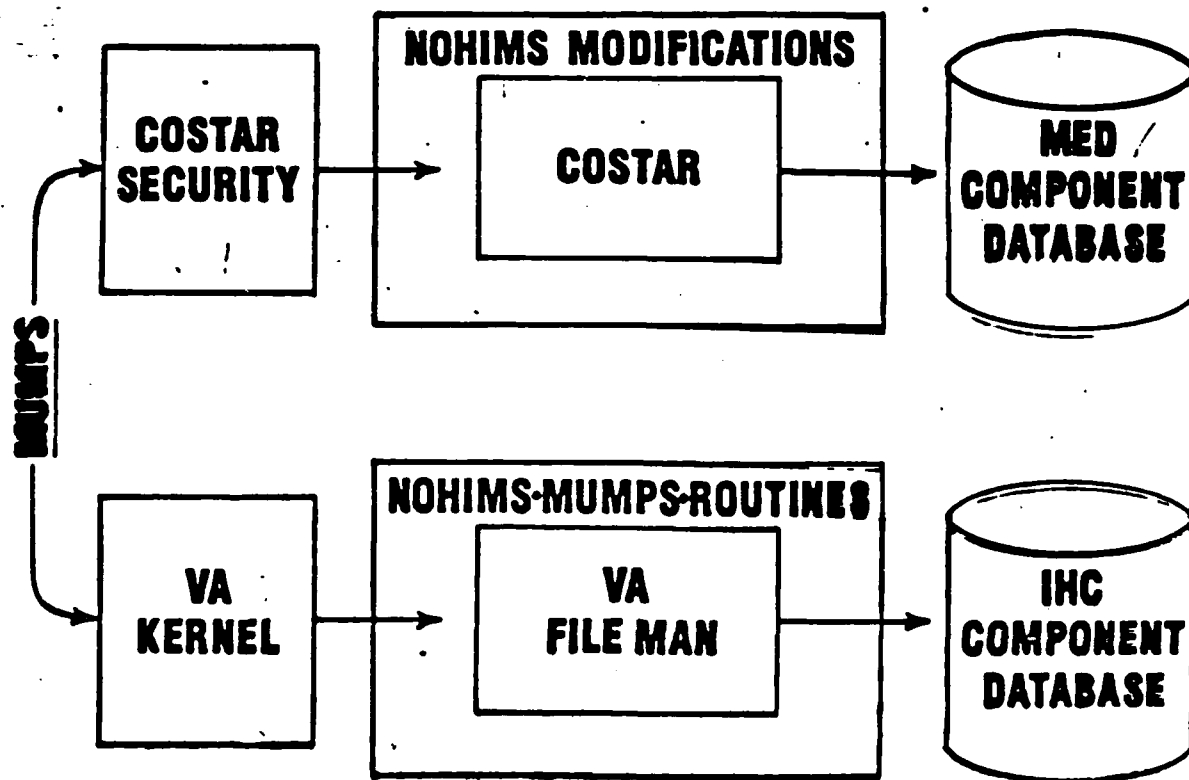
7.3 Facsimile Forms in the Medical Record. The Commander, Naval Medical Command, has evaluated the NOHIMS-generated equivalent forms to SF's 78, 88, 93, and 600 and NAVMED 6120/2. After this evaluation, the Commander granted approval to substitute the NOHIMS-generated facsimile forms for these preprinted forms (COMNAVMEDCOM ltr 6150/00 Ser 312/0353 dated 3 Feb 87). Program managers may file these facsimile forms in the health care treatment record.

NOHIMS technology is likely to require rapid revision and field implementation of revised medical treatment forms. The Commander, Naval Medical Command has appointed Nancy Craft, RN, at Navy Environmental Health Center as point-of-contact for all requests from GEOCOM Project Managers for temporary revisions or permanent changes in medical forms relating to occupational health (COMNAVMEDCOM ltr 6150/00 ser 312/0353A dated 3 Feb 87). Project Managers should direct questions about occupational health medical forms to Ms. Craft.

APPENDIX A
SYSTEM OVERVIEW



NOHIMS SYSTEM SOFTWARE STRUCTURE

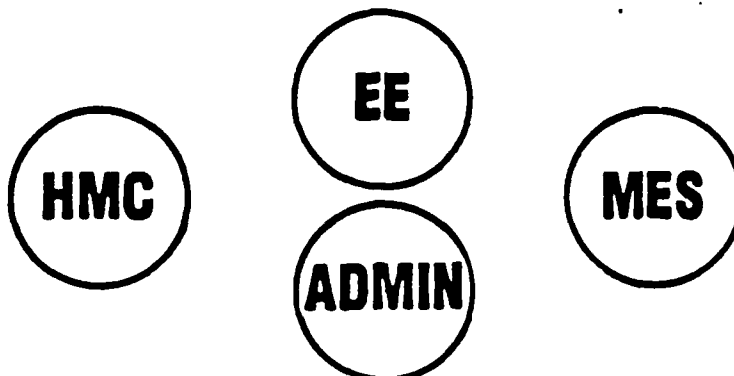


NOHIMS APPLICATION SOFTWARE STRUCTURE

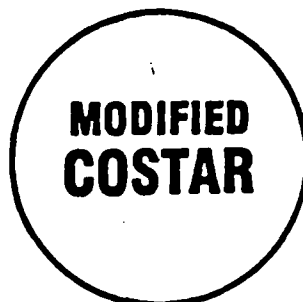
I

NOHIMS COMPONENTS

INDUSTRIAL HEALTH COMPONENT



MEDICAL COMPONENT



APPENDIX B
PRE-IMPLEMENTATION GUIDELINES

NOHIMS SITE CERTIFICATION *
COMPUTER ROOM PLANNING CHECKLIST

1. Computer room:

- _____ Physical space is adequate, with minimum of 66" wide by 36" deep area for CPU, Unibus, and Disk/Tape Cabinet and 36" service area on all sides
- _____ Optional 40" wide by 30" deep table for Console Terminal and slave printer (May be placed on CPU and Unibus Cabinets but table is highly recommended) 10' max from CPU
- _____ Space for Line Printer of 30" wide by 34" deep with 36" clearance front and back; no more than 35" cable run length from CPU
- _____ Optional 12' shelf space (10" high min) for communications gear and maintenance documentation 30' max from CPU
- _____ Raised floor not necessary, but if present must have tiles cut with 6" wide by 4" deep cable and power cord cutout behind each piece of equipment and near phone connections on wall and modem shelf
- _____ Floor must not have carpeting unless special grounded carpet with woven metallic filament; if normal carpeting cannot be removed, all traffic areas must be covered with grounded anti static mat

2. Computer room electricity:

- _____ Minimum of 3 30-amp twist lock 120v single phase receptacles NEMA L5-30R standard (Hubbel IG-6210 or equiv) on dedicated electrical panel with isolated ground under CPU if raised floor 5' max from CPU if normal floor
- _____ 8 minimum house current outlets under computer if raised floor 5' max from CPU if normal floor, if comm gear shelf present then 4 minimum for it, if console table present then 2 minimum for it
- _____ Power conditioning equipment not required, unless power is known to have sags, surges or spikes, then it is required

3. Computer room air conditioning:

- _____ Minimum 20,000 BTU/hr capacity required
- _____ Humidity control required for 40%-60% RH min/max range

4. Phone Lines:

- _____ Minimum 1 voice phone, must be within reach of Console terminal, CPU, and Disk/Tape cabinet (front and back)

*In addition to Environmental Specifications and Preliminary Hardware List, on page B-6.

- _____ Minimum 1 RJ11-C phone jack for DEC diagnostic dialup. Must be direct dial (not through operator) and 10' max from CPU
- _____ Optional 1 or more RJ11-C phone jacks for user dialup on DHU11 ports

5. Building to building lines:

- _____ 4 wires for each 16 terminals if DEC DFM16-AC is used
- _____ 4 wires for each 8 terminals if DEC DFM08-AC or Micom M478LR is used
- _____ 4 wires for each 4 terminals if DEC DFM04-AC or Micom M474LR is used
- _____ 4 wires for each terminal if DEC DF126-AA or Micom LD400MP is used
- _____ 24 AWG or thicker "twisted pair exterior cable" meeting Rural Electrification Association (REA) spec PE22
- _____ "Metallic Unloaded" wires required for all Micom equipment
- _____ "Metallic Unloaded" wires or "Bell 3002 Data Circuit" required for DEC equipment; if "Bell 3002" basic conditioning acceptable, C-1 or better conditioning desirable
- _____ Tested for end-to-end continuity and 300 Kbaud signal via time domain reflectometer or other appropriate equipment if Micom M474LR or M478LR used
- _____ Tested for end-to-end continuity and 9600 baud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if DEC DFM04-AC, DFM08-AC, or DFM16-AC are used
- _____ Tested for end-to-end continuity and 2400 baud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if DEC DF126-AA is used
- _____ Tested for end-to-end continuity and 19.2 Kbaud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if Micom LD400MP is used
- _____ Color-coding documented and consistent between buildings
- _____ 6. DDN connection and modem installed
- _____ 7. Leased lines to remote sites installed and tested
- _____ 8. Conduits and/or in-building cable pathways identified and documented
- _____ 9. Training room site identified

10. User equipment location identified and documented:

- _____ adequate space (tables, etc.)
- _____ adequate house current electrical outlets 5' max distance
- _____ cable pathways identified and documented

Accepted

Title

SITE MANAGER PROJECT CHARTER

<u>TASK</u>	<u>SITE/LOCAL MANAGER</u>	<u>SECURITY OFFICER</u>	<u>NARDAC</u>
Complete list of equipment per site and forward to Contract Administrator {See Section 2.4}	*		
Notify Comptroller of NOHIMS job account code {See Section 6.6}	*		
Define physical site requirements {See Section 2.4}	*		*
Define communication circuit requirements {See Section 2.5}	*		*
Define ADP supply requirements {See Section 2.7}	*		*
Develop ADP supply security {See Section 5.2}	*	*	
Draw draft floor plan {See Section 2.4}	*		
Develop safety policy with Fire Marshall {See Section 2.4}	*		
Plan facility security {See Section 5.2}	*	*	
Develop network security {See Section 5.3}	*	*	*
Develop data security on-site {See Section 5.5}	*	*	*

SITE MANAGER PROJECT CHARTER
{CONTINUED}

<u>TASK</u>	<u>SITE/LOCAL MANAGER</u>	<u>SECURITY OFFICER</u>	<u>NARDAC</u>
Procurement of supplies for: Air conditioning Electrical Power Communications circuits {See Section 2.4 & 2.5}	*		
Order ADP supplies {See Section 2.7}	*		
Approval of hardware security {See Section 5.5}	*	*	
Approval of software security {See Section 5.5}	*	*	
Installation of: Air conditioning Electrical lines Communication Lines {See Section 2.4 & 2.5}	*		
Site Prep verification {Certificate of Site Readiness} {See Section 2.4}	*		*
Schedule hardware installation with Contract Administrator {See Section 2.4}			*
Pre-implementation planning workshop {See Section 3.4}	*		*
Return workshop questionnaires to NARDAC	*		
Equipment received on-site with DD-250 {See Section 3.3}	*		

SITE MANAGER PROJECT CHARTER
{CONTINUED}

<u>TASK</u>	<u>SITE/LOCAL MANAGER</u>	<u>SECURITY OFFICER</u>	<u>NARDAC</u>
Notification of equipment arrival to NARDAC and Contract Administrator {See Section 3.3}	*		
Inventory of hardware with vendor {See Section 3.3}	*		
Arrival of installation team {See Section 3.5}			*
Diagnostic acceptance test of hardware with vendor {See Section 3.5}			*
Local Area Network operational testing {See Section 3.5}	*		*
Host to Host DDN testing {See Section 3.5}	*		
Local communications verified {See Section 3.5}	*		
Application software testing {See Section 3.5}			*

NAVMEDCOM NOHIMS ENVIRONMENTAL SPECIFICATIONS
AND PRELIMINARY HARDWARE LIST

All the equipment has the following general environmental requirements:

- o AC voltage tolerance: 102-128 volts for 120v equipment; 177-223 volts for 208v equipment
- o Isolated ground for all computer room equipment:
minimum 100 ohms resistance (@DC) between system earth reference and system earth return
- o Frequency tolerance: 60 hz \pm 1
- o RFI susceptibility:
RF fields: NTE 0.5 volts/meter
CW RF: NTE 1 vrms @ AC connection,
10 khz to 30 mhz
- o Operating temperature: 65-75 F
Optimum: 70 F
- o Storage temperature: 59 to 90 F
- o Storage altitude: 30,000 feet maximum
- o Operating altitude: 6,500 feet maximum
- o Operating relative humidity: 40-60%
Optimum: 50%
- o Storage relative humidity: 10-90%
- o Operating temperature rate of change: 3 F/hr
- o Operating humidity rate of change: 6%/hr
- o Computer room air quality requirements:
less than 1 million particles per cubic foot;
.5 micron (or larger) particle size;
chemical contamination levels must be within "average"
class levels as defined by OSHA
- o 100 lbs/sq ft rated flooring, with maximum concentrated load
of 1000 lbs/sq inch (unraised)
- o If raised, 250 lbs/sq ft rating, with maximum concentrated load
of 1000 lbs/sq inch, minimum height 4"; recommended height 12"

The above are the specs within which the equipment must be kept for trouble free operation and minimum down time, and specifically to avoid environmentally caused disk and tape errors, and line printer paper jams, which although they cause no permanent hardware damage, are certainly something that would render the system useless to the Navy if they happen continuously.

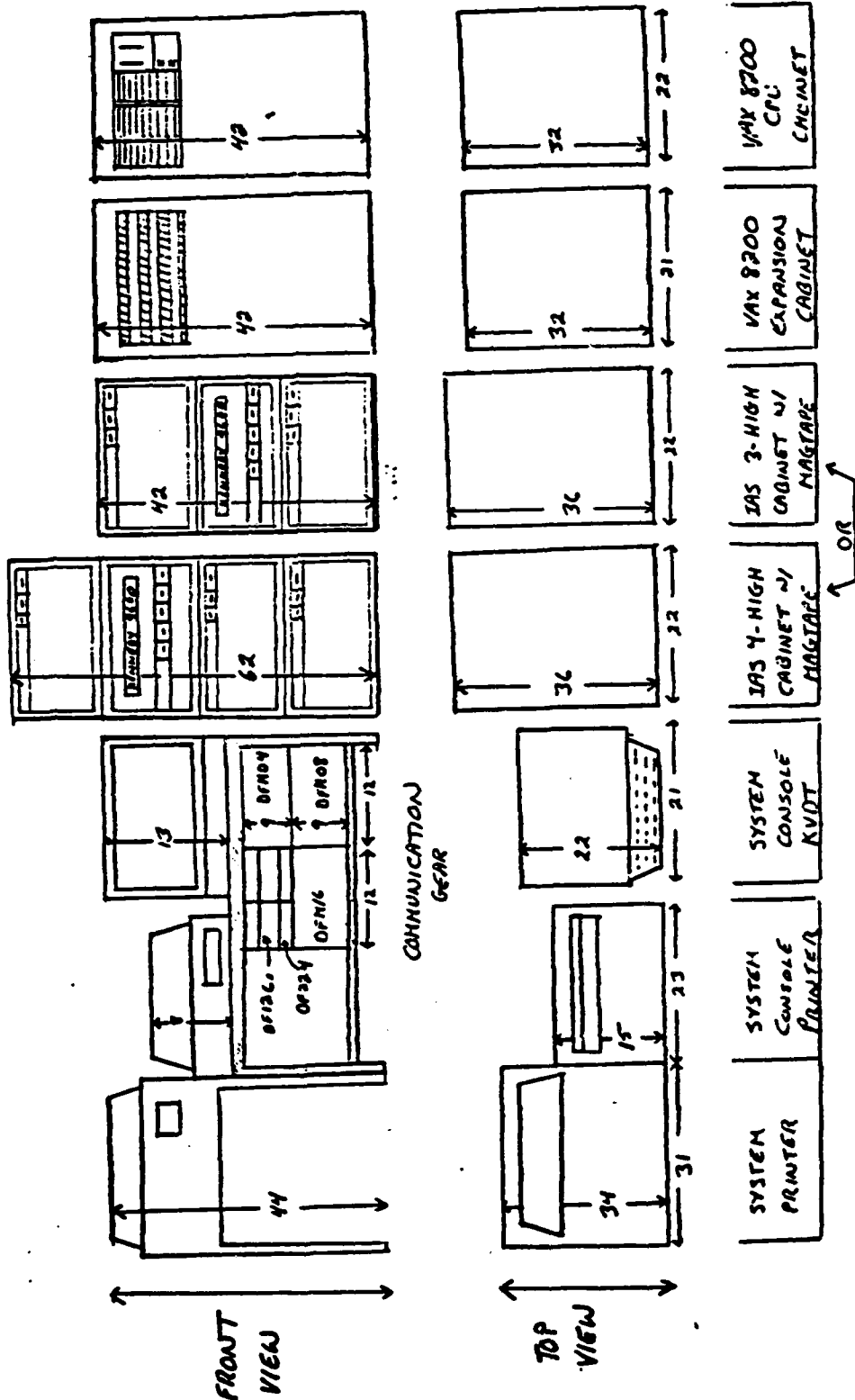
Exceeding the following requirements could cause permanent damage that the Navy would be liable for:

- Operating temperature: 59-90 F
- Operating relative humidity: 10-90%
- Operating temperature rate of change: 12 F
- Operating humidity rate of change: 12%/hr

DESCR	VLT	FRQ	PH	AMPS	WATTS	BTU/HR	RECEP	HGT-WDTH-DPTH	WGHT
821BA-AE	120	60	1	16	1690	5760	L5-30R	42-22-32	400
H9642-FC	120	60	1	N/A	N/A	N/A	5-30R	42-22-32	175
BA11-AY	N/A	N/A	N/A	15	1100	3750	5-20R	N/A	110
CIT 224	120	60	1	1.1	132	320	5-15R	13-21-21.5	29
FUJ DL2400	120	60	1	1.2	120	410	5-15R	7-22.4-15.4	44
RAB1-FA	120	60	3	40/10	593	2023	L21-30R	62-22-36	430
RAB1-CA	120	60	1	40/10	593	2023	L5-30R	42-22-36	330
RAB1-AA	120	60	1	40/10	593	2023	L5-30R	N/A	150
RA60-CA	120	60	1	58/6.2	510	1741	L5-30R	42-22-36	345
RA60-AA	120	60	1	58/6.2	510	1741	L5-30R	N/A	165
KEN 9600	120	60	1	4.5	350	1200	N/A	8.75-19-24.5	105
EMLX TC13	N/A	N/A	N/A	.25	15	50	N/A	N/A	5
LP11-BA	120	60	1	N/A	350	1190	5-15R	44-30.3-34	195
LG01-AA	120	60	1	8	1000	3000	5-15R	38.5-33.5-22.5-35	350
STAR F10/55	120	60	1	5	600	240	5-15R	1.18-6-8.6	2
TEKTR 4106	120	60	1	5	600	240	5-15R	8.5-24-24.25	96
DHU11-AP	N/A	N/A	N/A	.25	15	64	N/A	N/A	15
DF224-AA	120	60	1	.12	10	40	5-15R	1.18-6-8.6	2
DF126-AA	120	60	1	.1	60	40	5-15R	2.91-8.5-11.5	6
DFM04-AC	120	60	1	.8	92	240	5-15R	8.9-12.4-12.3	15
DFM08-AC	120	60	1	.8	92	240	5-15R	8.9-12.4-12.3	17
ACP-625	N/A	N/A	N/A	.20	13	56	N/A	N/A	10
M474LR	120	60	1	.8	70	150	5-15R	3-12.75-11.25	7.5
M478LR	120	60	1	.8	80	200	5-15R	3-12.75-11.25	8
LD400MP	120	60	1	.1	10	40	5-15R	1.75-5.5-8.5	2

NOHKS CPU LAYOUT: EXAMPLE

ALL DIMENSIONS IN INCHES, NOT TO SCALE



NOHIMS REMOTE SITE CHECKLIST

1. TERMINAL/PRINTER AREA:

- _____ Required 40" wide by 30" deep table for remote terminal and slave printer if together; 25" wide by 30" table for individual CIT-224 KVDT, Fujitsu DL2400/2600 LSP, or c.Itoh F-10/55 LQP. Table location must not be further than 50' run of Intersystems supplied cable for terminal to single line DDN communication devices. Slave LSP must either be on the same table or on a separate table no further than 10' run of the KVDT to slave LSP cable. In both cases single line DDN modem must be located in the same room. For multiple line DDN devices, Intersystems will provide on site internal building cabling from DDN device to terminal/printer tables. Cabling within average of 50' is provided as part of contract; above average of 50' from multi-line DDN modem to terminal/printer there is an extra charge.
- _____ Required Space for Line Printer of 30" wide by 34" deep with 36" clearance front and back.
- _____ Optional 3' shelf space (10" high min) for DDN communications gear and maintenance documentation; refer to DDN vendor requirements.
- _____ Floor must not have carpeting unless special grounded carpet with woven metallic filament; if normal carpeting cannot be removed, all traffic areas must be covered with grounded anti static mat.

2. TERMINAL/PRINTER AREA ELECTRICITY:

- _____ 1 minimum house current outlet per KVDT, LSP or LQP. Outlets are standard NEMA 5-15R three prong grounded outlets. Isolated ground is desirable but not required for KVDT, LSP or LQP. For LP11 line printer, standard NEMA 5-15R outlet with isolated ground is required. LP11 also requires a second NEMA 5-15R outlet for Black Box serial-to-parallel converter box. All power cords are 5' long except for the LP11, which is 13" long, but LP11 needs the Black Box to located under the pedestal mount in the above footprint and the Black Box has only a 5' power cord. DDN comm device requirements could be 2 NEMA 5-15R outlets with normal ground, but check with DDN vendor for specifics.
- _____ Power conditioning equipment not required, unless power is known to have sags, surges or spikes, then it is required; if lightning strikes are a known problem then data line protectors should be installed by DDN vendor.

3. TERMINAL/PRINTER AREA AIR CONDITIONING:

- _____ Specific air conditioning not required for KVDT, LQP, and LSP. However, LP11 procedures 1190 btu/hr heat load (the equivalent of 3 seated personnel) and should not be sited in a small confined area without ventilation; if it must be sited in a small area 1500 btu/hr air conditioning must be present to allow for lighting and occasional personnel. Required temperature for all devices is from 65F to 76F, with 3F/hr change maximum.
- _____ Humidity control required for 40%-60% RH min/max range for all devices, with 6%RH/hr change maximum.

4. PHONE LINES:

- _____ Minimum 1 voice phone, must be within reach of DDN modem and one terminal.
- _____ Optional 1 or more voice phone for user assistance near LP11, LSP, or LQP printers.

5. INTERNAL BUILDING CABLING

- _____ For multiple line DDN devices, device location and cable routing through conduits, or along acceptable surface mounting paths must be identified. If no conduits available, and/or surface mounting not acceptable, conduits must be installed by site manager. Lengths greater than 50' must be measured and given to InterSystems with this submittal.

ACCEPTED

TITLE

SITE PREPARATION
Initial Status Report

1. Site Name:
Location:
Date:
2. Name of Site Manager:
Phone Number (Commercial/Autovon):
3. Scheduled preparation completion date:
4. Location of Host Facility (Building & Room Number):
5. Narrative description of current Host Facility area environment:
6. Profile of Host locations's current electrical state:
 - a. Total Amps:
 - b. Frequency:
 - c. Phase:
 - d. Number of dedicated or surge-protected (UPS) outlets:
 - e. Number of non-dedicated outlets:
 - f. BTU/HR capacity:
7. Schematic floor plan displaying the Host Facility area and location for the initial deployment:
8. Device type and location, including building and room numbers, of the devices required for initial deployment. Please include communication cable run lengths from the associated junction box:

<u>Device Type</u>	<u>Bldg. Number</u>	<u>Room Number</u>	<u>Cable Length</u>
--------------------	---------------------	--------------------	---------------------

9. Total number of each device type:

<u>Device Type</u>	<u>Total Number</u>
--------------------	---------------------

SITE PREPARATION
RECURRING STATUS REPORT

1. Site Name:
Location:
Date:
2. Name of Site Manager:
Phone Number (Commercial/Autovon):
3. Received NOHIMS Implementation Plan (NIP): (Y/N):
Date NIP received:
4. Scheduled installation date for NOHIMS hardware:
5. Scheduled installation date for NOHIMS software:
6. Estimated site preparation start date:
Actual site preparation start date:
7. Site preparation plan developed (Y/N):
Date site preparation plan completed:
8. Contacted Public Works (Y/N):
Date Public Works contacted (Y/N):
9. Contacted ADP Officer (Y/N):
Date ADP Officer contacted:
10. Contacted communications personnel (Y/N):
Date communications personnel contacted:
11. Site survey completed (Y/N):
Date site survey completed:
12. Estimated date site to be certified as ready:
Actual date site certified as ready:
13. Funds for site preparation requested (Y/N):
Date funds for site preparation requested:
14. Received funds for site preparation (Y/N):
Date funds for site preparation received:
15. Submitted work-order for site preparation
Date work-order submitted:

OPNAVINST 11010.20E

09 JUL 1985

SPECIAL PROJECT REQUEST (INTERIM)
NAVJAG FORM 10-10

STEP ONE SUBMISSION

PART I - SUBMISSION	
1. PROJECT NAME AND NUMBER	
2. ACTIVITY NO.	
3. PROJECT NO.	
4. TITLE	
5. TYPE	
<input type="checkbox"/> MAINT/REPAIR <input type="checkbox"/> MINOR CONSTRUCTION ALTERATION <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> EQUIPMENT INSTALLATION	
6. DESCRIPTION AND FUNCTION OF FACILITY	
7. PROPERTY RECORD CARD NO.	
8. NAVY CATEGORY CODE	
9. NUC. BRANCH CODE	
10. THE REQUIREMENT FOR THE FACILITY IS BASED ON	
<input type="checkbox"/> CHANGE IN DESIGN <input type="checkbox"/> FULL TIME CONTINUING NEED <input type="checkbox"/> 3 TO 5 YEAR NEED <input type="checkbox"/> LESS THAN 3 YEARS NEED <input type="checkbox"/> CURRENTLY REQUIRED LESS THAN 3 YEARS <input type="checkbox"/> REQUIRED FOR FUTURE REQUIREMENTS	
11. ESTIMATED PROJECT COST	
12. ESTIMATED PLANNING COST	
13. DESCRIPTION OF CONDITION TO BE CORRECTED OR PROBLEM TO BE SOLVED OR TO BE PREVENTED AND A SUMMARY OF PROPOSED SOLUTION	

14. CAN PROJECT BE FUNDED IN PHASES? YES NO

☐ YES ☐ NO

15. SIGNATURE OF OFFICIAL WHO CERTIFIES THAT THE DATA PROVIDED IS VALID

TITLE

DATE

PART II - MAJOR CLAIMANT ACTION

16. COMMENTS

17. ACTION TO BE TAKEN

- ☐ APPROVED FOR SECOND STEP SUBMISSION AND CONSIDERATION FOR FUNDING IN FY _____ OR FY _____
☐ DEFERRED PENDING FURTHER STUDY. RECOMMEND UPDATE AND RESUBMISSION IN _____ MONTHS
☐ OTHER _____

SIGNATURE OF APPROVING OFFICIAL

TITLE

DATE

*NOT applicable to Minor Construction Alterations or Equipment Installation

Special Projects Request Form, NAVFAC 11014/64A

OPNAVINST 11010.20E
09 JUL 1985

SPECIAL PROJECT REQUEST
OPNAV FORM 11010-20E
Replaces NAVFAC 11014/64 (11-64)

STEP TWO SUBMISSION

Page 1 of 2

1. ACTIVITY NAME AND LOCATION		DATE SUBMITTED
2. PROJECT NO.	TITLE	
3. TYPE		
a. <input type="checkbox"/> MAINT. REPAIR	b. <input type="checkbox"/> MINOR CONSTRUCTION ALTERATION	c. <input type="checkbox"/> AIR CONDITIONING
d. <input type="checkbox"/> EQUIPMENT INSTALLATION		e. <input type="checkbox"/> PROPERTY RECORD CARD NO.
4. DESCRIBE AND STATE FUNCTION OF FACILITY		f. NAVY CATEGORY CODE
		g. SUBC OR STRUCTURE NO.
5. WHAT IS THE EFFECT OF THIS PROJECT ON THE FUNCTION OF THE ACTIVITY?		
6. THE REQUIREMENT FOR THE FACILITY IS BASED ON		
a. <input type="checkbox"/> A CHANGE IN DESIGN	b. <input type="checkbox"/> FULL TIME CONSTRUCTION NEED	c. <input type="checkbox"/> STOP YEAR NEED
d. <input type="checkbox"/> LESS THAN 3 YEARS NEED	e. <input type="checkbox"/> CURRENTLY REQUIRED	f. <input type="checkbox"/> REQUIRED FOR FUTURE DESIGN
7. EST. FUNDING COST	8. EST. PROJECT COST	9. EST. MAINTENANCE COST
10. TOTAL FUNDING REQUESTED	11. EST. FACIL. REPAIR COST	
12. IS FACILITY ON AN APPROVED BASIC FACILITY REQUIREMENTS LIST? (See Appendix A for list)		
a. <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. IS PROJECT LISTED ON ANNUAL REPORT ON SUPPLY? (See Appendix B for list)		
a. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
14. IS CORRECTION TO BE CORRECTED OR PROBLEM TO BE SOLVED IN THE PROPOSED SOLUTION? (See Appendix C for list)		
15. WHAT IS THE PROPOSED SOLUTION BEST? AND WHAT ALTERNATES WERE CONSIDERED?		
16. IF AN ALTERNATE SOLUTION IS OFFERED TO BE USED IN THE PROBLEM AND THE SOLUTION? (Appendix D for list)		
a. <input type="checkbox"/> YES <input type="checkbox"/> NO		
17. HAS THE DESIGN DIVISION REVIEWED SOLUTION?		18. CAN ANOTHER FACILITY BE ECONOMICALLY ADAPTED FOR THIS FUNCTION?
a. <input type="checkbox"/> YES <input type="checkbox"/> NO		a. <input type="checkbox"/> YES <input type="checkbox"/> NO
19. CAN PROJECT BE FUNDED IN PHASES? (See Appendix E for list)		
a. <input type="checkbox"/> YES <input type="checkbox"/> NO		
20. THIS PROJECT IS THE RESULT OF		
a. <input type="checkbox"/> MAINTENANCE	b. <input type="checkbox"/> FACILITY AGE	c. <input type="checkbox"/> DEFICIENT CONSTRUCTION
d. <input type="checkbox"/> DEFICIENT DESIGN	e. <input type="checkbox"/> OTHER _____	
21. HAS THE SPECIFIC PROBLEM BEEN CORRECTED PREVIOUSLY?		
a. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____		
22. HOW LONG WILL PROPOSED CORRECTIVE ACTION LAST?		YEARS

Special Projects Request From, NAVFAC 11014/64

09 JUL 1985

21 ARE COMPONENTS BEING INCURRED IN DUE OR CAPACITY? Explain the difference between row

a ☐ YES b ☐ NO

22 ARE MATERIALS PROPOSED FOR USE THE SAME AS THOSE EXISTING? If NO, explain the difference between row

a ☐ YES b ☐ NO

23 PROJECT IS PLANNED TO BE ACCOMPLISHED BY

a ☐ STATION LABOR b ☐ CONTRACT

24 HAS A PROJECT EVER BEEN SUBMITTED FOR THE REPLACEMENT OF THIS OR OTHER FACILITIES? (Name and address)

a ☐ YES b ☐ NO

25 ANTICIPATED SAVINGS: PROJECT IS DONE THIS YEAR AS COMPARED TO A DEFERRAL OF ONE YEAR

PROBABLE INCREASE IN PROJECT COST FOR ANY JUSTIFIABLE REASON

REDUCTION IN CURRENT MAINT COST

REDUCTION IN CURRENT OPERATIONS COST

\$

\$

\$

ACTIVITY AND SAVINGS INDICATED

WHAT IS PAY BACK PERIOD OF PROJECT?

WILL ACCOMPLISHMENT GENERATE REQUIREMENTS FOR ADDITIONAL M&O FUNDS OR PERSONNEL?

a ☐ NO b ☐ YES

26 WHAT WOULD BE THE EFFECT OF DEFERRING THE PROJECT ONE YEAR?

27 IF THE PROJECT IS NOT ACCOMPLISHED AND NO MORE WORK WOULD BE DONE, WILL THERE BE SERIOUS DAMAGE TO THE FACILITY AND/OR TO CONTENTS OR EQUIPMENT TO ESSENTIAL OPERATIONS? Explain the damage that would occur.

YEARS BEFORE SERIOUS DAMAGE OCCURS

28 HAS THE REDUCED UTILIZATION OF THIS SPECIFIC FACILITY AFFECTED A LARGE FACILITY SYSTEM OPERATION? (Name)

a ☐ YES b ☐ NO BY HOW MUCH?

29 ARE THERE ANY OTHER FACTORS INVOLVED? (Name and address)

a ☐ MORALE b ☐ HEALTH c ☐ PUBLIC RELATIONS d ☐ SAFETY e ☐ FIRE PROTECTION f ☐ SECURITY g ☐ OTHER

30 CERTIFICATION BY RESPONSIBLE OFFICER AT ACTIVITY: I am personally responsible for the accuracy of and the proposed method of accomplishment of this project and I will bear the above statements in effect and that this project meets all the requirements of OPNAVINST 11010.20 and is not a duplicate project.

SIGNATURE TITLE DATE

31 BY TECHNICAL VALIDATION (if required) (Name and address)

SIGNATURE TITLE DATE

32 ATTACHMENTS

a ☐ ENGINEERING EST (NAVFAC/VI) b ☐ LOCATION PLANS c ☐ DRAWINGS d ☐ PHOTOGRAPHS

*NOT applicable to Minor Construction Alterations or Equipment Replacement

NAVFAC FORM 11010.20E 000
Sheet 2 of 2

Special Projects Request Form, NAVFAC 11014/64

NOHIMS SITE CERTIFICATION *
CERTIFICATE OF SITE READINESS

1. Computer room:

- _____ Physical space is adequate, with minimum of 66" wide by 36" deep area for CPU, Unibus, and Disk/Tape Cabinet and 36" service area on all sides
- _____ Optional 40" wide by 30" deep table for Console Terminal and slave printer (May be placed on CPU and Unibus Cabinets but table is highly recommended) 10' max from CPU
- _____ Space for Line Printer of 30" wide by 34" deep with 36" clearance front and back; no more than 35" cable run length from CPU
- _____ Optional 12' shelf space (10" high min) for communications gear and maintenance documentation 30' max from CPU
- _____ Raised floor not necessary, but if present must have tiles cut with 6" wide by 4" deep cable and power cord cutout behind each piece of equipment and near phone connections on wall and modem shelf
- _____ Floor must not have carpeting unless special grounded carpet with woven metallic filament; if normal carpeting cannot be removed, all traffic areas must be covered with grounded anti static mat

2. Computer room electricity:

- _____ Minimum of 3 30-amp twist lock 120v single phase receptacles NEMA L5-30R standard (Hubbel IG-6210 or equiv) on dedicated electrical panel with isolated ground under CPU if raised floor 5' max from CPU if normal floor
- _____ 8 minimum house current outlets under computer if raised floor 5' max from CPU if normal floor, if comm gear shelf present then 4 minimum for it, if console table present then 2 minimum for it
- _____ Power conditioning equipment not required, unless power is known to have sags, surges or spikes, then it is required

3. Computer room air conditioning:

- _____ Minimum 20,000 BTU/hr capacity required
- _____ Humidity control required for 40%-60% RH min/max range

4. Phone Lines:

- _____ Minimum 1 voice phone, must be within reach of Console terminal, CPU, and Disk/Tape cabinet (front and back)

*In addition to General Specifications (attached).

- _____ Minimum 1 RJ11-C phone jack for DEC diagnostic dialup. Must be direct dial (not through operator) and 10' max from CPU
- _____ Optional 1 or more RJ11-C phone jacks for user dialup on DHU11 ports

5. Building to building lines:

- _____ 4 wires for each 16 terminals if DEC DFM16-AC is used
- _____ 4 wires for each 8 terminals if DEC DFM08-AC or Micom M478LR is used
- _____ 4 wires for each 4 terminals if DEC DFM04-AC or Micom M474LR is used
- _____ 4 wires for each terminal if DEC DF126-AA or Micom LD400MP is used
- _____ 24 AWG or thicker "twisted pair exterior cable" meeting Rural Electrification Association (REA) spec PE22
- _____ "Metallic Unloaded" wires required for all Micom equipment
- _____ "Metallic Unloaded" wires or "Bell 3002 Data Circuit" required for DEC equipment; if "Bell 3002" basic conditioning acceptable, C-1 or better conditioning desirable
- _____ Tested for end-to-end continuity and 300 Kbaud signal via time domain reflectometer or other appropriate equipment if Micom M474LR or M478LR used
- _____ Tested for end-to-end continuity and 9600 baud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if DEC DFM04-AC, DFM08-AC, or DFM16-AC are used
- _____ Tested for end-to-end continuity and 2400 baud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if DEC DF126-AA is used
- _____ Tested for end-to-end continuity and 19.2 Kbaud signal via Bit Error Rate Tester (BERT) or other appropriate equipment if Micom LD400MP is used
- _____ Color-coding documented and consistent between buildings

_____ 6. DDN connection and modem installed

_____ 7. Leased lines to remote sites installed and tested

_____ 8. Conduits and/or in-building cable pathways identified and documented

_____ 9. Training room site identified

10. User equipment location identified and documented:

- _____ adequate space (tables, etc.)
- _____ adequate house current electrical outlets 5' max distance
- _____ cable pathways identified and documented

Notifying Site Rep/Date

Site

NARDAC Implementation Team Rep/Date

TERMINAL-TO-HOST LOCAL CONNECTIONS

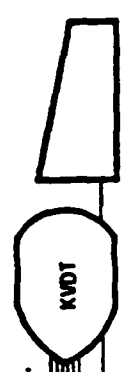
LOCAL CIRCUITS
IN BUILDING OR ON BASE WITH HOST

CABLE

HOST
OR
FEP
TERMINAL
I/O PORT

RATED DEVICE SPEED
2000 FEET TECHNICAL REQUIREMENT
500 FEET ECONOMIC BREAK-EVEN
(WITHIN HOST BUILDING)

MULTI-PAIR CABLE



VENDOR

1-20 PAIR & LDM

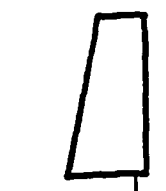
HOST
OR
FEP
TERMINAL
I/O PORT

LIMITED
DISTANCE
MODER

9600 BPS
FULL DUPLEX
1-3 MILE
4 WIRE TWISTED PAIRS

CROSS WALL
CONNECT JACK

LIMITED
DISTANCE
MODER



BASE/LAN/LORD
TELECOMMUNICATIONS
(PUBLIC WORKS/UTILITIES)

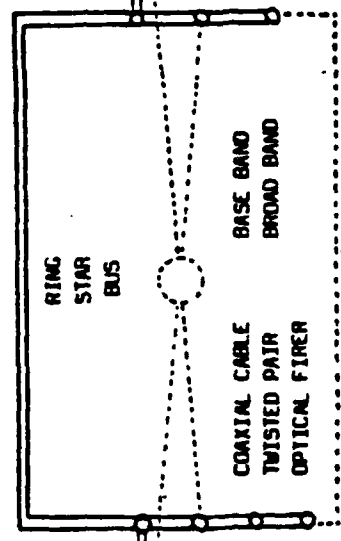
VENDOR

VENDOR

LAN

HOST
OR
FEP
TERMINAL
I/O PORT

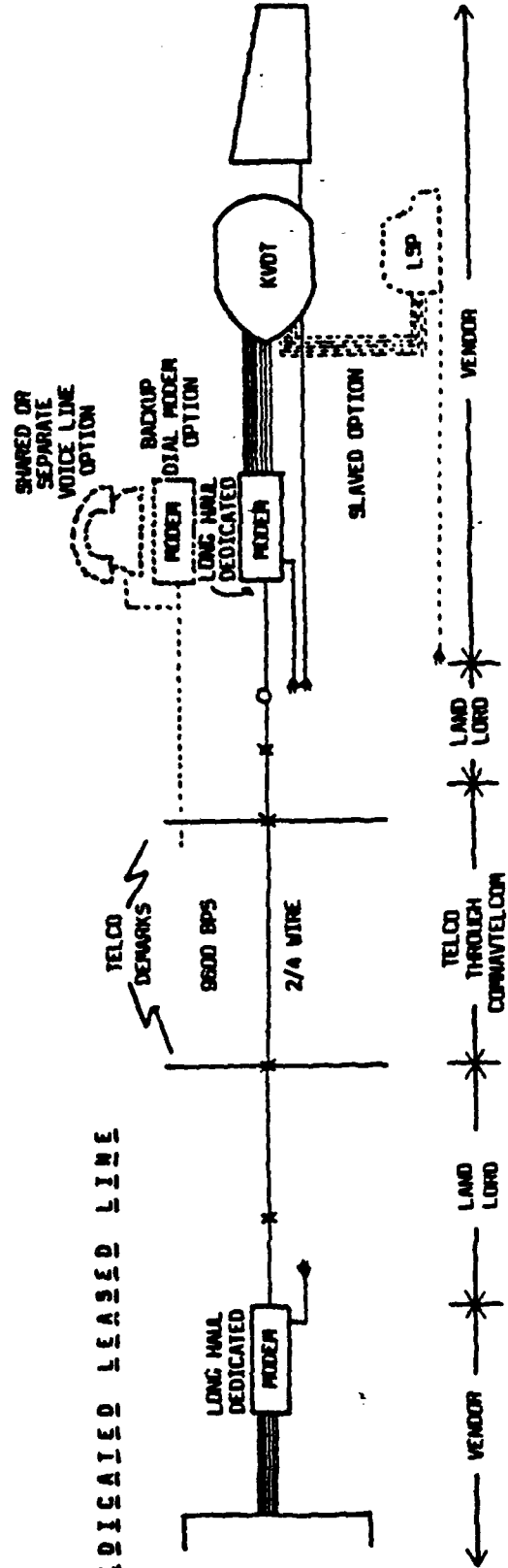
LAN
INTERFACE



BASE/LAN/LORD
TELECOMMUNICATIONS
(PUBLIC WORKS/UTILITIES)

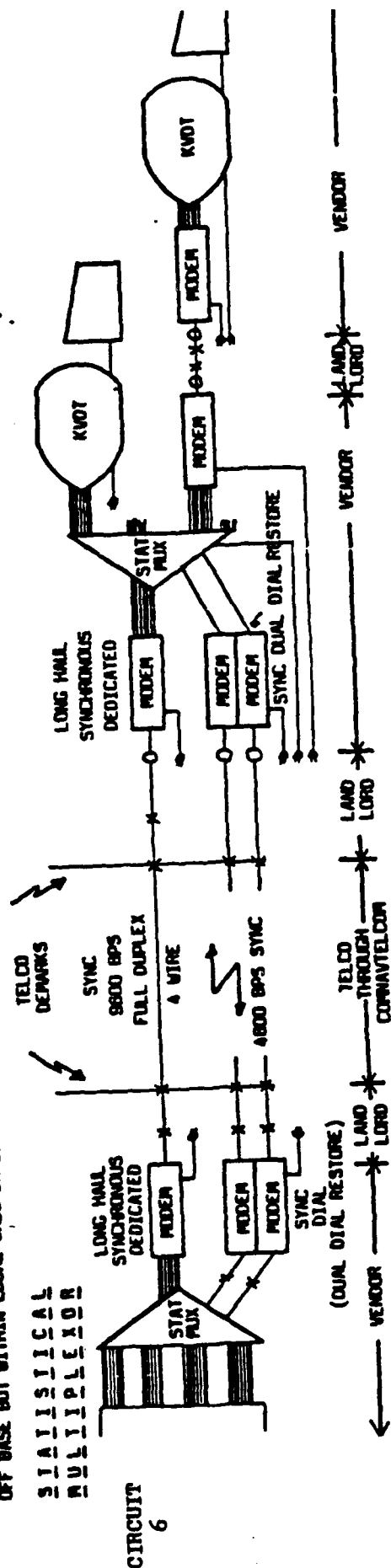
VENDOR

VENDOR

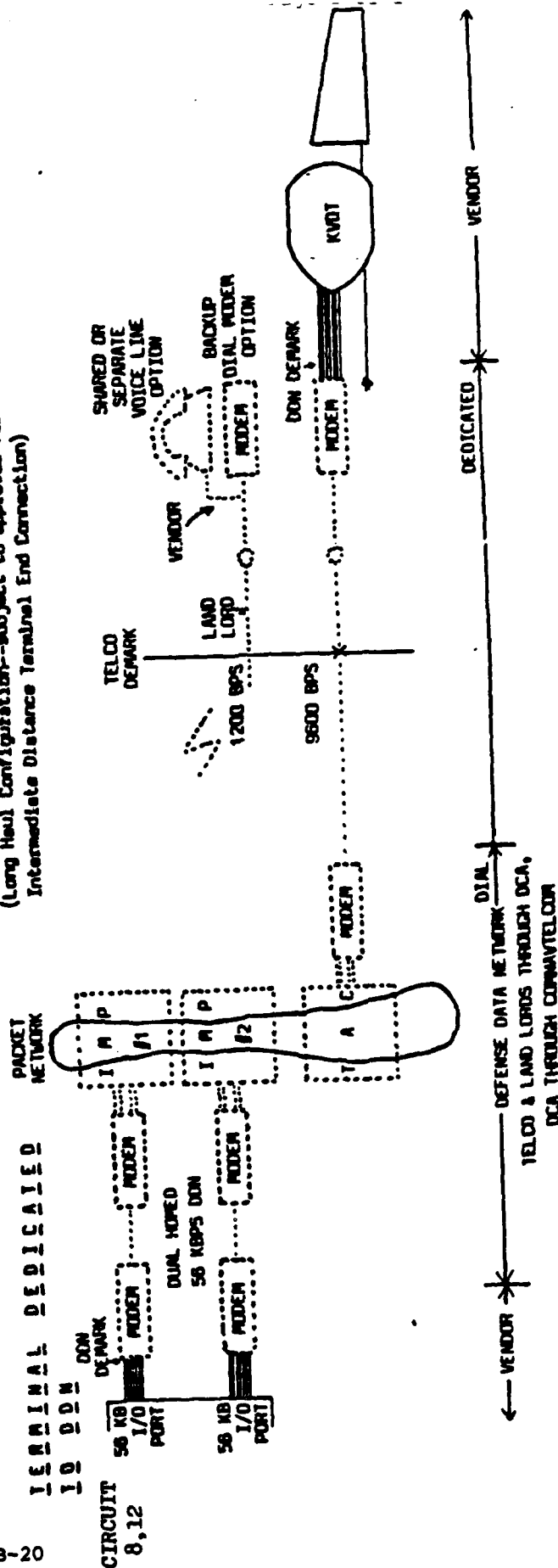


INTERMEDIATE DISTANCE CIRCUITS

ALL ARE AT WITHIN 100M CALL OR 20 MILES FROM HOST



(Long Haul Configuration--subject to approval for Intermediate Distance Terminal End Connection)



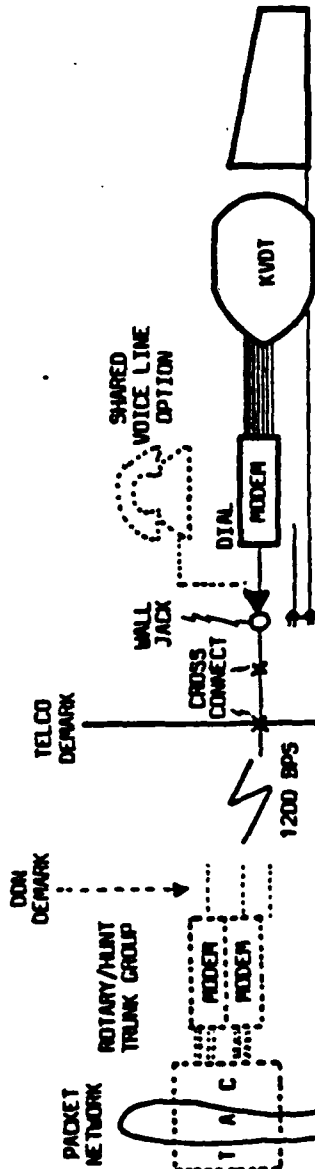
TERMINAL-TO-HOST LONG HAUL CIRCUITS

LONG HAUL CIRCUITS

OUTSIDE HOST LOCAL CALLING AREA
20 OR MORE MILES FROM HOST

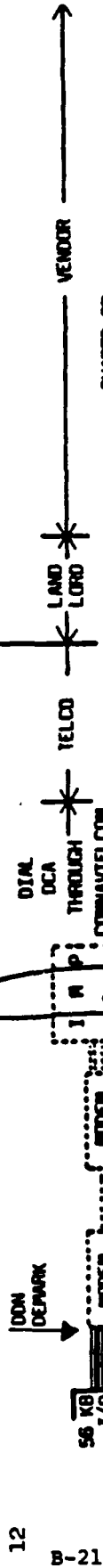
CIRCUIT
7

TERMINAL DIAL TO DDN



HOST DEDICATED TO DDN

CIRCUIT
12



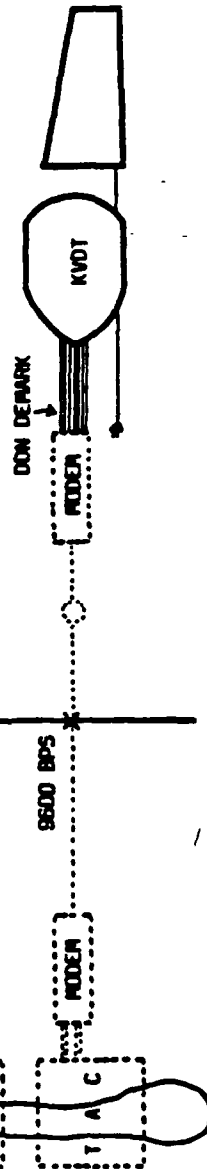
SHARED OR
SEPARATE
VOICE LINE
OPTION

56 KB I/O PORT

56 KB I/O PORT

TERMINAL DEDICATED
TO DDN

CIRCUIT
8



← VENDOR * DIAL * DEFENSE DATA NETWORK
TELCO & LAND LOROS THROUGH DCA,
DCA THROUGH COMNAVTELCON

APPENDIX C
HARDWARE INSTALLATION

CHECKED BOX APPLIES		[X] ORDER FOR SUPPLIES OR SERVICES		[] REQUEST FOR QUOTATIONS RETURN COPY(IES) OF THIS QUOTE BY (THIS IS NOT AN ORDER. See DD Form 1155r)		PAGE 1 OF	
1. CONTRACT/PURCH. ORDER NO.		2. DELIVERY ORDER NO.		3. DATE OF ORDER		4. REQ/PURCH REQUEST NO.	
5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1		6. ISSUED BY: NAVAL REGIONAL CONTRACTING CENTER WASHINGTON NAVY YARD WASHINGTON, DC 20374		7. ADMINISTERED BY: (If other than 6)		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR/QUOTER Name and Address		CODE		FACILITY CODE:		10. DELIVER TO FOB POINT BY:	
						11. CHECK IF <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Women-Owned	
						12. DISCOUNT TERMS	
						13. MAIL INVOICES TO: SPECIFIED HEREIN	
14. SHIP TO:		CODE		15. PAYMENT WILL BE MADE BY:		CODE	
						MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16 TYPE OF ORDER							
DELIVERY		<input type="checkbox"/> This delivery order is subject to instructions contained on this side of form only and is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
PURCHASE		<input type="checkbox"/> Reference your furnish the following on terms specified herein, including, for U.S. purchases, General Provisions of purchase Order on DD Form 1155r (EXCEPT CLAUSE NO 12 APPLIES ONLY IF THIS BOX [] IS CHECKED AND NO. 14 IF THIS BOX [] IS CHECKED); special provisions and delivery as indicated.					
This purchase is negotiated under authority of 10 USC 2304(a) (3) or as specified in the schedule if within the U.S., its possessions or Puerto Rico; if otherwise, under 2304(a) (6).							
If checked, Additional General Provisions apply; Supplier shall sign "Acceptance" on DD Form 1155r and return copies.							

17 ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES		20. QUANTITY ORD/ACCP. *		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		AS SPECIFIED ON STANDARD FORM 36									
		Please do not place calls to the person listed in Block 24. Address all inquiries regarding this Order to Contracts Division.									
* If quantity accepted by the Government is same as quantity ordered, indicate by check mark. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA				25. TOTAL		5	
				BY: CONTRACTING/ORDERING OFFICER				29. DIFFERENCES			
26. QUANTITY IN COLUMN 20 HAS BEEN:				27. SHIP NO.		28. D.O. VOUCHER NO.		30. INITIALS			
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				<input type="checkbox"/> FINAL		32. PAID BY					
				<input type="checkbox"/> PARTIAL				33. AMT. VERIFIED CORRECT FOR			
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAY'T <input type="checkbox"/> COMP.				34. CHECK NUMBER			
36. I certify this account is correct and proper for payment.				<input type="checkbox"/> PARTL <input type="checkbox"/> FINAL				35. BILL OF LADING NO.			
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER											
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED		40. Tot. Contract		41. S/R ACCOUNT. NO.		42. S/R VOUCHER NO.	

DD FORM 1155
82 SEP

PREVIOUS EDITION IS OBSOLETE

MATERIAL INSPECTION AND RECEIVING REPORT		1. PROJECT INSTRUMENT IDENTIFICATION		2. ORDER NO. 3. INVOICE NO.		4. PAGE 1 OF 1	
				DATE		5. ACCEPTANCE POINT	
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L TCN		5. DISCOUNT TERMS	
9. PRIME CONTRACTOR CODE				10. ADMINISTERED BY CODE			
11. SHIPPED FROM (If other than 9) CODE				12. PAYMENT WILL BE MADE BY CODE			
13. SHIPPED TO CODE				14. MARKED FOR CODE			
15. ITEM NO.	16. STOCK PART NO. (Indicate number of shipping containers - type of container - container number.)	DESCRIPTION		17. QUANTITY SHIP/REC'D	18. UNIT	19. UNIT PRICE	20. AMOUNT
21. PROCUREMENT QUALITY ASSURANCE				22. RECEIVER'S USE			
A. ORIGIN <input type="checkbox"/> POA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.		B. DESTINATION <input type="checkbox"/> POA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.		Quantities shown in column 17 were received in apparent good condition except as noted.			
DATE		DATE		DATE RECEIVED		SIGNATURE OF AUTH GOVT REP	
SIGNATURE OF AUTH GOVT REP		SIGNATURE OF AUTH GOVT REP		TYPED NAME AND OFFICE			
TYPED NAME AND OFFICE		TYPED NAME AND TITLE		* If quantity received by the Government is the same as quantity shipped, indicate by () if same, if different, enter actual quantity received below quantity shipped and encircle.			
23. CONTRACTOR USE ONLY							

February 1961

HOW TO PREPARE THE MATERIAL INSPECTION AND RECEIVING REPORT (DD FORM 250)

Defense Logistics Agency • Cameron Station • Alexandria, Virginia 22314

INTRODUCTION

We do our best to help contractors get timely payment for supplies and services furnished to the military. Most delays in payment occur because of improper or incomplete preparation of forms. The Material Inspection and Receiving Report (DD Form 250) is a good example. Each entry on it is important to the Government and to you, if you are to receive prompt payment. This is a multi-purpose document which serves as: Evidence of inspection and acceptance, shipping document, packing list, shipping notice, receiving document, contractor invoice support document, contractor release, and/or contractor invoice. This brochure is based on the Defense Acquisition Regulation (DAR), Appendix 1, which may be changed and, as a result may present differences between the DAR and this brochure. When differences occur, the DAR requirements for preparation and distribution of the DD Form 250 will be the final authority.

William J. Cassell
WILLIAM J. CASSELL
Comptroller
Defense Logistics Agency

ABBREVIATIONS

ACO Administrative Contracting Officer
ADP Automated Data Processing
BL Commercial or Government Bill of Lading
CAO Contract Administration Office
CLIN Contract Line Item Number
CoC Certificate of Conformance
DAR Defense Acquisition Regulation
DoDAAD Department of Defense Activity Address Directory
DSAFM Directorate of Systems and Financial Management
FMS Foreign Military Sales
FSCM Federal Supply Codes for Manufacturers
FSCNM Federal Supply Codes for Non-Manufacturers
GFP Government Furnished Property
GS General Schedule
GSA General Services Administration
MAP Military Assistance Program

AMSTRIP Military Standard Repackaging and Issue Procedures
NSN National Stock Number (formerly FSN - Federal Stock Number)
PCO Principal Contracting Officer (formerly Procuring Contract Officer)
PIN Procurement Instrument Identification Number
QA Quality Assurance
QAR Quality Assurance Representative
SPIN Supplemental Procurement Instrument Identification Number
TCN Transportation Control Number

Proc. Instrument Iden. (Contract)/Order Number — Block 1

The contract number called PIN/SPIN (Procurement Instrument Identification Number/Supplemental PIN) is a very important number. It serves to identify your shipment to the paying office and the receiving activity. It appears in the contract on the upper part of the face page. This 13-position alpha/numeric contract number must be entered in block 1 of all DD Form 250. When delivery orders under indefinite delivery type contracts are involved, enter the four digit alpha/numeric call/order serial number and two additional positions for amended orders which are supplementary to the 13 position basic PIN. Do not enter supplementary numbers used in conjunction with basic PIN to identify modification of contract.

Shipping Instructions

When shipping instructions are furnished by telephone or message, it should be confirmed by a modification stamped "Confirmation" within five days. If shipment is made prior to receipt of confirmation of modification, the six-digit modification serial number at the two digit call/order modification indicator will be entered immediately following the PIN or call/order four-digit SPIN. These numbers will be provided by the contracting officer in his telephone call or message.

Remember you only show the modification number in block 1 when you are shipping on the basis of shipping instructions provided by telephone or message and the shipment is made prior to receipt of the modification.

4

1. PROC INSTRUMENT IDEN (CONTRACT) | (ORDER) NO.

DAB001-81-A-0001-0001

Modification Serial Number

In this example the SPIN is a six position number. It represents a modification written by the buying activity and the last five positions are a modification serial number. This modification serial number is only added when shipping instructions have been issued to you by telephone, message or otherwise, but no formal modification has been issued.

1. PROC INSTRUMENT IDEN (CONTRACT) | (ORDER) NO.

DAB001-81-A-0001-0001

Modification Indicator

1. For DoD delivery orders on non-DoD contract, enter the non DoD contract number immediately below the PIN number.

1. PROC INSTRUMENT IDEN (CONTRACT) | (ORDER) NO.

DIA 400-81-F-1884

GS-0005-61917

In this example we have a contract which was written against a General Schedule (GS) established by the General Services Administration (GSA). The 13 position, alpha/numeric number is very important.

6

1. PROC INSTRUMENT IDEN (CONTRACT) | (ORDER) NO.

DAB001-81-C-0001

This PIN represents a contract for supplies or services which does not have calls against it. The first six positions of the PIN represent the buying activity, the next two the fiscal year, the alpha represents the type of contractual instrument and the last four is a serial number.

1. PROC INSTRUMENT IDEN (CONTRACT) | (ORDER) NO.

DAB001-81-A-0001-0001

SPIN

In this example the "A" in position nine indicates a requirement/basic agreement. The last four position numbers as shown here are the call or SPIN.

5

Shipment Number — Block 2

The shipment number identifies the activity the shipment is being made from and the number of shipments from that activity. It is composed of a three digit alpha character prefix and four digit numeric or alpha/numeric serial number. The three digit alpha prefix is controlled and assigned by the prime contractor, e.g., TDY. The shipment number prefix should be different for each "shipped from" address and should remain constant throughout the life of the contract/order.

7

Partial Deliveries

The first shipment against a contract/order must be 0001 with subsequent partial shipments being numbered consecutively. When multiple tank car or tank truck loads are consolidated on a single DD Form 250, all loads covered by the single DD Form 250 will be considered as one shipment. Only one shipment number should be shown on the DD Form 250.

Most of the above is self explanatory. Remember, the shipment number is composed of 3 alpha and 4 numeric or alpha numeric characters IDDY 0001. The 3 alpha prefix is different for each "Shipped From" address and must be controlled and assigned by the prime contractor.

Final Delivery

A "Z" immediately following the shipment number indicates the last shipment against the contract/order has been made, e.g., IDDY 0005Z.

Also, remember to reassign the shipment number of the initial shipment where a "Replacement Shipment" is involved.

C-5

Invoice Number/Date — Block 6

The invoice number/date identifies the date a specific invoice was submitted to the Government activity. This block may be left blank except when the DD Form 250 is used on an invoice. When the DD Form 250 is used on an invoice, four copies in addition to regular distribution must be made and forwarded to the payment office. The first copy must be marked "Original Invoice" in letters approximately one inch high, the three remaining invoice copies must be marked "Invoice Copy". The DD Form 250 should not be corrected to reflect the actual date of invoice submission, except for the copies being used on the invoice.

Page/Of — Block 7

The page/of identifies the page number and the total number of pages the DD Form 250 consists of. Each page should be numbered consecutively with the total number of pages included in the DD Form 250, for example, 1 of 3, 2 of 3, 3 of 3.

10

Date Shipped — Block 3

The date shipped identifies the date the shipment is released to the carrier or the date of completion of a service. If the actual shipment date is not known, enter the estimated date of release with an E after the date. The date must consist of seven positions: the first two positions being the last two positions of the year; the third, fourth and fifth being the alphabetic abbreviation for the month, and the last two being the day, e.g., 81 Jun 01.

BL/TCN — Block 4

Three entries may be required as follows:

- (1) After B/L enter the commercial or Government Bill of Lading Number.
- (2) After TCN the Transportation Control Number must be entered when a TCN has been assigned. (When more than one TCN applies, enter "See Block 16" and follow DAR, Appendix I, Block 16a(4) instructions.)
- (3) Enter the mode of shipment code in the lower right corner of the block.

Discount Term — Block 5

Enter the discount in terms of the percentage of discount and number of days allowed, for example, 2% - 10 days or .5% - 30 days.

Acceptance Point — Block 8

The acceptance point is a very important item. It appears on the face of the contract or may be included in the schedule attached to the contract. If a schedule is attached it will be indicated on the face of the contract. The acceptance point is to identify the point where the goods/services are accepted by the Government. Enter an "S" for origin or "D" for destination.

Prime Contractor Code — Block 9

The prime contractor code also known as contractor name and address code is a very important code. It serves to identify the shipment with the activity the Government is doing business with. It appears in the contract on the face page. It should be entered on all DD Form 250 showing your name, address, and five digit alpha/numeric code.

Remember for Blocks 9 and 10 "in the clear" addresses and FSCM/FSCNM (H8 Codes) must be entered to support use as hard copy reports and input to ADP. If you do not have codes or don't know them, contact DS&EM, Transportation or QA office at CAO that services you.

11

Administered By/Code -- Block 10

The code is important in that it serves to identify the Government activity administering the contract which the shipment is made against. It appears on the face page of the contract and must be entered with the name, address, and its digit code of the Government Contract Administration Office (CAOI) cited in the contract.

Shipped From/Code — Block II

This code may be the same as the code in block 9. It serves to identify the activity from which shipment is made. It may be shown in the contract as plant location or an attached schedule. This block will differ from block 9 when: performance of services/items do not require delivery of items upon completion of service; DD form 250 covers performance at multiple locations. If same as block 9 enter "See Block 9". On the same line to the right of "FOB" enter "5" for origin or "D" for destination as specified on face of contract. Enter the name, address, and code cited on the contract on last page.

Payment will be Made By/Code -- Block 12

This card serves to identify the Government activity that will make payment to you. It is shown in the contract on the back page. Unless the contract specifies otherwise, this card is the place to which you will invoice for payment. As an example, some contracts may request that the invoice will be sent to another office before it goes to the payment office.

NOTE: Blocks 10, 12, and 13 must have "in the clear" addresses and DoDAAD codes which should be in alphanumeric instructions of contact. Contact DAFM or transportation office that services you if missing.

Shipped To/Code – Block 13

The shipped to code is shown in the contract on the face page or on an exhibit schedule. It serves to identify the entity to which shipment was made. If more than one location is involved, they will be in a schedule beside the applicable item number. Enter the name, address and code as mentioned in the shipping instructions. This code and address are important. They are used to identify where the material is being shipped. If notified, delays in payment could result.

Mark For/Code – Block 14

This code may be the same as shipped to code in block 12. It is shown in the contract on the face page or may be on an attached schedule. This code identifies the activity to which shipment was marked for but shipment was made to another activity. Enter the "Mark For" name, address and code contained in the shipping instructions. This "Mark For," like the Ship To, is a very vital part of the DD Form 250. Its absence could delay payment and cause the receiving activity to have problems identifying the shipment. There may be special entries required in this block by the contract as listed in DARL, Appendix 1-201, Block 14.

Item Number — Block 15

The item number is called a contract line item number (CLIN) or subline item number. It serves to identify the item that is being shipped. It is located in the first page of the contract or in an attached schedule. Enter the line item number and subline item number as shown in the contract. If four or less digits are used they should be positioned immediately to the left of the vertical dashed line and prefaced with zeros, if applicable, to achieve four digits. Examples follow:

75 ITEM	76 CLASSIFICATION AND CONTROLLING NUMBER OF STANDARD (NATIONAL NUMBER)	77 KEY TO ACTION Type of Action
0001	NSN 1615-00-591-4620 Shin, Aluminum Alloy, -- Motor, Helicopter	

In this example, the line item number is entered to the left of the vertical line in Block 15 of the DD Form 250.

Stock/Part No./Description -- Block 16

The stock/part number called National Stock Number (NSN) or nonstocking number appears in the contract on the face page or in a schedule attached to the contract. It identifies the item/service contained in the shipment. If applicable, enter for each line item the NSN and descriptive noun of the item nonmanufacture, using single space when less than four line items and double space when more than four line items. On the last line enter the requisition number or terminal release order number, when provided in the shipping instructions.

When a TCN is assigned for each line item, enter the transportation control number prefix by "TCN". On the last line enter the requisition number or terminal release order number, when provided in the shipping instructions. When the NSN is required but not cited in a contract and has not been furnished by the Government, shipment can be made without such NSN at the direction of the contracting officer. Enter the authority for such shipment.

National Stock Number (NSN)

When an NSN is not provided or it is necessary to supplement the number, include other identification, e.g., manufacturer name or federal supply code and number. Additional part numbers may be shown in parenthesis or slashes. Include the description of item. See example below.

NOTE: In certain instances, special entries are required in Block 16. See DAR, Appendix 1, paragraph 1-301, Block 16, Detailed Instructions. Any problems in interpretation should be referred to the CAO.

17

FMS

When a contract involves FMS Foreign Military Sales) it will be identified on the face page of the contract. Enter in Block 16 the special FMS marking, the applicable FMS country and case identifier as provided in the contract, and the gross weight.

Contracting Office		FMS Country		FMS Case No.		Gross Weight	
DD Form 250		DD Form 250		DD Form 250		DD Form 250	

In this example, immediately following the words FMS Case No., is the two digit Country Code followed by the three digit case code that should be entered in Block 16. This is another important item. If it is not shown on the DD Form 250, both the payment office and the receiving activity will have problems.

19

NSN 1615-00-591-0620		Description of Item	
0002		Body Armor Ground Variable Type Small Arms Fragmentation Protective Nylon Felt Vest, Front and Back Plates, Ceramic Plates, Type I	
0002		Pilot Article	
0002		AA 8470-00-141-0935 Medium Regular	
0002		AC 8470-00-141-0936 Large Regular	
0002		AD 8470-00-141-0937 Medium Long	
0002		AE 8470-00-141-0938 Large Long	

In this example, you would show the applicable six digit subtitle item on the DD Form 250. The two alpha would be entered to the right of the vertical dotted line in Block 15 of the DD Form 250.

16

MILSTRIP

The MILSTRIP (Military Standard Requisitioning and Issue Procedure) is used by you if authorized by the terms of the contract to requisition or move Government material to supply control equipment. Enter the MILSTRIP requisition number when provided in the contract, or shipping instructions. When more than one requisition is used enter the unit of measure and the quantity shipped against each requisition on the same line. The MILSTRIP number is of great importance to the receiving activity and ADP effort and is used to route shipments properly.

EXAMPLE:

V0449601850750XY19059A -- EA 5
N0018801776038XY3211BA -- EA 200
A1650800050051AAT6391J -- EA 1000

NOTE: The example shows the full MILSTRIP Requisition Number of 22 positions. When the full 22 positions are not provided, the 14 position number (MILSTRIP Document Number) should be used.

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CORRECTION INSTRUCTION

Because of errors or omissions, it may be necessary to correct the DD Form 250 after distribution. Corrections can be made to the original DD Form 250 master or on a new DD Form 250. In either case, the corrected document must be redistributed. Corrections should be made as follows:

- Circle the error and place the corrected information in the same block. If the space is limited, enter the corrected information in Block 16 reference page and block. Enter omissions in Block 16 referencing omission page and block.
- When corrections have been made to entries for line items (Block 15) or quantity (Block 17) enter "Corrections Have Been Verified" on page 1 of the corrected copy of the DD Form 250. The authorized Government representative will sign and date immediately below the statement. This verification statement and signature are not required for other corrections.

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15. LINE ITEM		16. OMISSION		17. QUANTITY		18. UNIT		19. REMARKS	
NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
1	1000	1	1000	1	1000	1	1000	1	1000
<p>CORRECTIONS</p> <p>Rule Block 2: Check shipment for AAAB01 to AAAB10 on all pages of the MTR.</p> <p>Rule Block 15, 16, 17 and 18: Page 2: Quantity</p> <p>Quantity Line Item No. 0005. This item was not shipped.</p>									
<p>MATERIAL INSTRUCTION AND RECEIVING REPORT</p> <p>AAAB01</p> <p>See Block 16</p>									

Quantity Shipping/Received — Block 17

The quantity shipped/received identifies the total number of items the shipment contains. Enter the quantity shipped, using the unit of measure indicated in the contract for payment. When a second unit of measure is used for purposes other than payment, enter the appropriate quantity directly below in parentheses. On the final shipment of a line item of a contract containing a clause permitting a variation of quantity and when an underrun exists, you should enter a Z below the last digit of the quantity. If a replacement shipment is involved, enter below the last digit of the quantity, the letter "A" to designate first replacement, "B" for second replacement, etc. The final shipment "Z" on underrun should not be used when a final line item shipment is replaced.

17. QUANTITY	18. UNIT
1000	1000
(10)	
Z	

The primary things to remember here are to insert a "Z" only if this completes an authorized underrun of an item and to use an "A" etc., for replacement shipments.

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The unit identifies the unit of measure. It appears on the face page of the contract or on a schedule attached to contract. Enter the abbreviation of the unit measure as indicated in the contract for payment. When a second unit of measure is used for shipping purposes enter it directly below in parentheses. This unit of measure is another important item, it should be the same as that shown in the contract.

Unit price identifies the price of each unit of measure. This price may be entered at your option except: on Navy procurements, the two copies of the DD Form 250 addressed to the consignee via mail should be priced using actual price or, if not available, estimated prices. If the price is estimated, enter on "E" after the price when the DD Form 250 is used as an invoice. For clothing and textile contracts containing a billment clause, enter the cited Government furnish contract unit value opposite "GFP unit value" entry in block 16. Copies of all DD Form 250 related to a Foreign Military Sales Representative must contain unit price, either actual or estimated. (See also DAB Amendment 1, 4-201, Block 19 instructions).

This block is used by the Government Representative to indicate that the quality and quantity of items on the report is within the contract terms. The words "conform to contract" contained in the printed statement in blocks A and B relate to contract obligations pertaining to quality and quantity of the items on the report. The statement shall not be modified. Notes taking exception shall be entered in block 16 or on attached supporting documents with appropriate block cross referenced. When a shipment is authorized under Alternative Release Procedure (approved for release by the contractor with subsequent signature by the OAR), the appropriate contractor signed certificate should be attached to or included on the top copy of the DD Form 250 copies distributed to the payment office/CAO. Payments may be delayed if this certificate is not included.

When contract terms provide for use of CoC and shipment is made under these terms, the contractor shall enter "Certificate of Conformance" in block 21A on the next line following the POA and acceptance statements. The appropriate contractor signed certificate should be attached to or included on the top copy of the DD Form 250 copies distributed to the payment office/CAO. A copy of the certificate should also be attached or on copies of the DD Form 250 sent with shipment.

The amount serves to identify the total dollar amount of the shipment. It is the extended amount of block 17 times block 19. This block should be blank when block 19 is blank.

13	14	15	16	17	18	19	20	21	22
NAVSUP FORM 100-1 (Rev. 1-64)	NAVSUP FORM 100-2 (Rev. 1-64)	NAVSUP FORM 100-3 (Rev. 1-64)	NAVSUP FORM 100-4 (Rev. 1-64)	NAVSUP FORM 100-5 (Rev. 1-64)	NAVSUP FORM 100-6 (Rev. 1-64)	NAVSUP FORM 100-7 (Rev. 1-64)	NAVSUP FORM 100-8 (Rev. 1-64)	NAVSUP FORM 100-9 (Rev. 1-64)	NAVSUP FORM 100-10 (Rev. 1-64)
0002	Body Armor Ground Variable Type Small Arms, Fragmentation Protective Mylon felt Vest, Front and Back Plates, Ceramic Plate, Type I								
0002	First Article 8670-00-161-0935 Medium Regular	1	LO	NSP					
0002		1936	SE						\$442,306.72

In this example, Item No., Supplier/Service, Quantity, Unit, Unit Price and Amount are shown. Remember Block 19 and 20 must be completed if the DD Form 250 is to be used on an invoice. A total invoice dollar value must also be included when the DD Form 250 is used as an invoice.

Alternative Release Procedure

When alternative release procedures apply (approved for release by the contractor with subsequent signature by the CAR), the contractor or subcontractor should complete the entire required and enter in capital letters "ALTERNATIVE RELEASE PROCEDURE" on the next line following the printed POA/acceptance statement. When acceptance is at origin, you should furnish the payment office copies of the DD Form 250 to the authorized Government Representative for signing and forwarding to the payment office/CAO.

Fast Pay

When Fast Pay procedures apply and a DD Form 250 is prepared, you should enter in capital letters "FAST PAY" on the next line following the printed POA/acceptance statement. When under the provisions of Fast Pay you elect not to use a DD Form 250, follow the special instructions of the Fast Pay clause related to entries required on your invoice.

Receiver's Use – Block 22

This block identifies the quantity received and the condition of the shipment. It is to be used by the receiving activity (Government or contractor). The date the supplies arrived is the date to be entered.

TABLE 3
SPECIAL DISTRIBUTION

As Shipped	Address	Number of Copies
Each Navy Status Control Air Group, Army, Air Force, DDA Inventory Control Message	Address specified in the contract.	1 Each addressee
Quality Assurance Representative	Address specified by the assigned Quality Assurance Representative.	1
Transportation Office having GSA (attach to GSA contract order).	CAO address unless otherwise specified in the contract.	1
Purchasing Office other than of the issuing contract.	Address specified in the contract.	1
Foreign Military Sales Representative	Address specified in the contract.	1
Military Assistance Advisory Group (Grant Aid Shipments).	U.S. Military Advisory Group, Military Assistance Mission, or other designated agency address as specified in the contract.	1
Army Foreign Military Sales/ Military Assistance Program (Grant Aid)	Deputy Commander, US Army Security Assistance Center ATTN: DESAC-NPS New Cumberland Army Depot New Cumberland, PA 17070	1
Air Force On shipment of new production of aircraft and aircraft class 1400 mission, 1500 aircraft (fixed wing, all types), 1500 aircraft (military wing), 1500 aircraft 1500 target aircraft. When above items are delivered to aircraft modification centers.	Air Force Logistics Command Aircraft Vehicle Distribution Office (MCHAPV) Wright-Patterson AFB, Ohio 45433	1
Foreign Military Sales/ Military Assistance Program (Grant Aid) shipments to Canada.	A. F. Plant Representative Office	1
Other Than Canada	Address specified in the contract.	1

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MATERIAL INSPECTION AND RECEIVING REPORT

TABLE 3-Continued

As Shipped	Address	Number of Copies
When shipment is an Air National Guard Activity	Contract address - Block 151, ATTN: Property Officer	1
Navy When typed into (TC) TT or TT is shown to Block 10	Navy Regional Finance Center PAO (FPA) Washington, D C 20371	1
Foreign Military Sales/ Military Assistance Program (Grant Aid)	Navy International Logistics Control Office (NAVILCO) Beyonce, H J 07002	1
When shipment is reshipped in container marked for a Government representative	Navy Regional Finance Center PAO (FPA) Washington, D C 20371	1
When Block 10 indicates the shipment includes GPP	Navy Regional Finance Center PAO (FPA) Washington, D C 20371	1
Marine Corps All shipments assigned to a Marine Corps Activity (including operational support).	Commandant of the Marine Corps Headquarters, USMC Washington, D C 20380	1
	Commanding General, Marine Corps Supply Activity 1300 South Broad Street Philadelphia, Pa 19106	1

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Distribution

Contractor Use Only - Block 23

This block is reserved for your use. It may be used for entries such as the CDC statement, etc.

The contractor is responsible for distribution of the DD Form 250. All DD Form 250s required in Table 1 and 2 must be distributed in accordance with this requirement. It should be made promptly, not later than the close of business of the working day following:

- Signing of the DD Form 250 (Block 21A) by the authorized Government Representative, or
- Shipment when authorized under terms of Alternative Release; Certificate of Conformance and any procedures or shipment when FDA and Acceptance are to be performed at destination.

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MATERIAL INSPECTION AND RECEIVING REPORT

TABLE 1

STANDARD DISTRIBUTION

With Shipment *	4
Consignee (not mail)	1
(For non-shipment copies will be provided) (For Grant Aid Foreign Military Sales consignee copies are not required)	
Contract Administration Office	1
(Forward direct to address in Block 10 except when address is a DCASR, DCASO or DCASO, and a Certificate of Conformance (see 1-10) Block 21(c)(1)(1) or the Alternative Release Procedures (see 1-10) Block 21(c)(1)(2) is involved and acceptance is at origin, then forward through the Authorized Government Representative.)	
Purchasing Office	1
Payment Office **	1
(Forward direct to address in Block 12 except (1) when address in Block 12 is a DCASR, DCASO or DCASO and Payment Office in Block 12 is a DCASR or (2) when address in Block 12 is HQ AFPCMD attach only and copy to the required number of copies of the contractor's invoice (1) when acceptance is at destination and a Navy Finance Office will make payment forward to destination, and (2) when a Certificate of Conformance (see 1-10) Block 21(c)(1)(1) or the Alternative Release Procedures (see 1-10) Block 21(c)(1)(2) is involved and acceptance is at origin, forward the copies through the Authorized Government Representative.)	
ADP Point for CAO (Applicable to Air Force only)	1
(When an AFPCO is specified in the administering activity in Block 12, HQ AFPCMD is used as Payment Office in Block 12, and one copy to HQ AFPCMD immediately upon signature. If no change of delivery date is being made in the field, the distribution of the hard copy need not be made to HQ AFPCMD.)	
* Attach as follows: Type of Shipment Contract or Purchase	Let alone Affix to the shipment where it will be readily visible and available upon receipt Affix to container number and on container labeling travel number Attach to inside of the bag in the bag Include a copy of each additional package of multiple large shipments Forward with consignee copies
Less than contract or contract Mail including parcel post	
Package or each set	

** Payment in DCASRs will be based on the source acceptance copies of DD Form 250 for required in the Contract Administration Office steps in these two instances where distribution will be made to DCASR Payment Offices in accordance with the same distribution method.

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APPENDIX D

NOHIMS DATA COLLECTION QUESTIONNAIRES

NOHIMS SELECTION QUESTIONNAIRE

Indicate by a check in the appropriate column the application software package to be installed at your site.

	<u>YES</u>	<u>NO</u>
INDUSTRIAL HEALTH COMPONENT MODULES		
ADMINISTRATION	_____	_____
ENVIRONMENTAL EXPOSURE	_____	_____
HAZARDOUS MATERIALS CONTROL	_____	_____
MEDICAL EXAM SCHEDULING	_____	_____
MEDICAL COMPONENT	_____	_____

Site: _____

Date: _____

Work Phone: _____

Completed by: _____

SITE QUESTIONNAIRE

SITE: (3-30 characters) Name of a general geographic area
example: Puget Sound Naval Shipyard

ABBREVIATION: (2-4 characters) example: PSNS

<u>SITE NAME</u>	<u>SITE ABBREVIATION</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Site File contains an entry for each geographic area in which the agency or agencies conduct operations. Each satellite area must have a separate site set up.

Site: _____ Date: _____
Completed by: _____ Phone: _____

LOCATION QUESTIONNAIRE

Page 1 of 2

The Location File contains an entry for each geographic unit within a site. The attachment shows examples of some data conventions.

SITE (must match entry in Site File: _____)

LOCATION: _____

SUB-LOCATION: _____

AREA: _____

NOTE: New locations can be added as needed. Only the major locations need to be set up for use when creating the Agency File.

Site: _____ Date: _____

Phone: _____ Completed by: _____

LOCATIONS FILE
SUGGESTED NAMING CONVENTIONS

Page 2 of 2

FIELDS	DESCRIPTION	CONVENTION	EXPLANATION
SITE	Must match entry in Site File		

LOCATION	2-10 characters	B#	Building123
		S#	Ship/Barge123
		DD	Dry Dock
		C#	Crane123
		V#	Vehicle123
		M#	Manhole123
		O/x	Outside/B123 Outside/M123

Note: Buildings with redundant numbers may be distinguished by adding an additional identifying character (B123N, B123S, etc.).

SUB LOCATION	2-10 characters	R#	Room123
		F#	Floor1 (First floor) Floor0 (basement)
		T#	Tunnel123
		C#	Compartment123
		CT	Tank in ship
		RT	Tank in a building

AREA	Free Text
------	-----------

CLINICS QUESTIONNAIRE

Page 1 of 3

Clinic Name: _____

Clinic Abbreviation: _____

Qualification Grace Period: _____

Schedule Grace Period: _____

Missed Appointment Removal Number: _____

Cost Accounting Flag: _____

Shipyard Travel Time: _____

Next Month to be Scheduled: _____

Start of Clinic Day: _____

End of Clinic Day: _____

Length of Time Slots: _____

Answer to the following question will assist us in recommending what type of scheduling would work best at your site.

1. Approximately how many employees are seen in the clinic monthly?

2. Indicate the way scheduling is currently being performed at your clinic. If either is inappropriate briefly describe how employees are currently being scheduled.

(a) Currently the clinic generates a suggested schedule which includes appointment times and a list specifying employees needing medical surveillance exams for each shop. The shop then determines who is available to com to the clinic during that week or month.

(b) The clinic sends a list of names to the shop and the employees are responsible for calling the clinic to setup an appointment.

(c) We don't currently use either of these methods, our method is: the clinic sends each employee involved in the medical surveillance program an appointment notice which includes a time at which he/she has a scheduled appointment at the clinic.

Site: _____ Date: _____

Phone Number: _____ Completed by: _____

The following is a list of data elements contained in the subject file. Included is a brief description of the elements and examples.

<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>	<u>EXAMPLES</u>
Clinic Name	Clinic name must be 3-50 characters in length. The first few letters should be unique for fast look-up.	Portsmouth Branch Clinic
Clinic Abbreviation	First letter of each word of Clinic Name.	FNMC
Qualification Grace Period	Number of days allowed after the Date Next Exam before employee automatically is considered 'Not Qualified'	2
Schedule Grace Period	Number of days allowed to lapse before a scheduled appointment is determined to be missed.	2
Missed Appointment Removal No.	Number of appointments a patient may miss before the system automatically makes him not qualified for the programs to which he is enrolled	2
Cost Accounting Flag	Indicates whether or not an estimated cost of clinic visits is generated. User must select from the following options: "1" Cost Accounting to be tracked; "0" No tracking of cost accounting.	0
Shipyard Travel Time	Number between 0 and 60 minutes for the round trip between work and clinic.	30

<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>	<u>EXAMPLES</u>
Next Month to be Scheduled	Month and year for the next schedule to be run	01/87
Start of Clinic Day	Enter time of day at which the clinic generally starts appointments.	0700
End of Clinic Day	Enter the time of day at which the clinic expects to be finished.	1600
Length of Time Slots	Number of minutes per exam. User must choose from the following: "15" 15 minutes; "20" 20 minutes; "30" 30 minutes; "60" 60 minutes; "1" for 1 day.	15

ORGANIZATIONAL LEVEL FILE

This file will be set up with Site Manager, using copies of the organizational level charts for the agencies to be created at the site.

CREATE NEW AGENCY QUESTIONNAIRE

Page 1 of 3

AGENCY CODE/ABBREVIATION: _____

NAME OF AGENCY: _____

LEVEL: _____

SITE OF AGENCY: _____

CIVILIAN, MILITARY OR BOTH (CIRCLE ONE)

CLINIC: _____

EFFECTIVE DATE: _____

MAIL STOP: _____

JIC: _____

Site: _____

Date: _____

Completed by: _____

Phone: _____

UNITS WITHIN AGENCY QUESTIONNAIRE

Page 2 of 3

UNIT CODE/ABBREVIATION: _____

UNIT NAME: _____

LEVEL (select entry from Organizational Level File): _____

ASCENDANT UNIT (to what unit does this unit report): _____

AT OFFICE/DEPARTMENT LEVEL: (Y=YES, N=NO) _____

EFFECTIVE DATE: _____

MAIL STOP: _____

SITE OF UNIT (select entry from Site File): _____

UNIT LOCATION (see directions with Location File): _____

Site: _____ Date: _____

Phone: _____ Completed by: _____

<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>	<u>EXAMPLES</u>
AGENCY CODE ABBREVIATION	Unit Code as assigned by NCPDS or NACMIS	06
NAME	Answer must be 2-60 characters in length. Full name of the Agency unit.	Occupational Safety & Health Office
LEVEL	Unit level within the Agency hierarchy. Select from Organizational Level File	1A, 1S, 1F, etc.
SITE OF AGENCY UNIT	Site of the Agency. Select entry from Site file.	Puget Sound Naval Shipyard
CLINIC	Clinic to which the Agency is assigned. Select entry from Clinic File.	Branch Clinic PSNE
EFFECTIVE DATE	Date when agency was established. Be certain that the date you enter here is the earliest date for any employee in the agency.	9/19/47
MAIL STOP	Answer must be 2-30 characters in length. This is for mailing purposes.	106
UIC	Unit Identification Code. Answer must be 3-8 characters in length. Must match UIC on NCPDS or NACMIS tape.	55323
ASCENDANT UNIT	This is the code of the supervisory unit.	04
OFFICE/DEPARTMENT	Is this unit at the office or department level; answer Yes or No	Y

LOCAL OPERATIONS QUESTIONNAIRE

Page 1 of 7

CODE: _____

NAME: _____

CLASS: _____

SUBCLASS: _____

NOTE: This questionnaire is optional. Sites should not change any of the existing entries. Operations not fitting into existing categories may be added locally according to the instructions on the following sheet.

The dictionary for this file was established by a Technical Representative. The purpose is to categorize operations. The point-of-contact for this file is:

Mr. Martin Healy
NEHC, Professional Support Branch
Naval Station
Norfolk, VA 23511
AUTOVON 564-4657
Commercial (804) 444-4657

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

Each Operation entry contains four fields: Code, Name, Class, and Subclass.

The Operation Code consists of elements that relate directly to the other three elements:

In the example below:

IND stands for Industrial

001 stands for Welding

01 stands for Arc

CODE	FULL NAME
IND-011-01	Industrial Welding Arc
(equates with:)	
(Sub-class)	Sub-class
(Class)	Class
(Name)	Name

If an adequate operation does not exist, and the pre-assigned subclass of "NOT ELSEWHERE CLASSIFIED" is not appropriate, the individual user has the option of adding limited operation subclasses to meet site-specific needs.

If the user does add an operation subclass, the sub-class code must be one or two alpha character(s) to indicate that it is a site-specific operation subclass code.

Example: "RND-000-A" -- for a distilling process during a "Research and Development" operation.

PRO-000-00	PROFESSIONAL, TECH AND MGMT
CLE-000-00	CLERICAL
SER-000-00	SERVICE
SER-001-00	TRANSPORTATION
SER-002-00	MOTOR VEHICLE MAINTENANCE
SER-003-00	PEST CONTROL
SER-004-00	BUILDING MAINTENANCE
SER-005-00	GROUNDS MAINTENANCE
SER-006-00	PROTECTIVE SERVICES, FIRE
SER-007-00	PROTECTIVE SERVICES, SECURITY
SER-008-00	GRAPHIC ARTS
SER-009-00	RECREATION
SER-010-00	PRODUCTION/DIST. OF UTILITIES
SER-011-00	SUPPLY AND MATERIALS HANDLING
SER-012-00	PRINTING/REPRODUCTION
SER-013-00	COMMUNICATIONS
SER-014-00	FOOD PREPARATION AND HANDLING
SER-015-00	HW/SEWER TREATMENT
SER-016-00	WATER TREATMENT
SER-999-99	NEC
IND-000-00	INDUSTRIAL
IND-001-00	METAL CLEANING, MECHANICAL
IND-001-01	ABRASIVE BLAST, HYDRO
IND-001-02	ABRASIVE BLAST, GLASS BEAD
IND-001-03	ABRASIVE BLAST, MINERAL GRIT
IND-001-04	ABRASIVE BLAST, SAND
IND-001-05	ABRASIVE BLAST, SHOT
IND-001-06	ABRASIVE BLAST, ORGANICS
IND-001-07	BARREL FINISHING
IND-001-08	GRINDING
IND-001-09	POLISHING AND BUFFING
IND-001-10	WIRE BRUSHING
IND-001-11	SANDING
IND-001-99	NEC
IND-002-00	METAL CLEANING, CHEMICAL
IND-002-01	ACID CLEANING, BRIGHT DIP
IND-002-02	ACID CLEANING, PICKLING
IND-002-03	ACID CLEANING, DESCALING
IND-002-04	ALKALI CLEANING, DESCALING
IND-002-05	ALKALI CLEANING, ETCHING

NEC = NOT ELSEWHERE CLASSIFIED

IND-002-06	DEGREASING, WIPE CLEANING
IND-002-07	DEGREASING, DIPPING
IND-002-08	DEGREASING, SPRAY
IND-002-09	DEGREASING, VAPOR
IND-002-10	DEGREASING, EMULSION
IND-002-99	NEC
IND-003-00	METAL CLEANING, NEC
IND-004-00	ELECTROPLATING
IND-005-00	PAINTING
IND-005-01	SPRAY, COMPRESSED AIR
IND-005-02	SPRAY, AIRLESS
IND-005-03	SPRAY, ELECTROSTATIC
IND-005-04	POWDER COATING
IND-005-05	BRUSH/ROLLER
IND-005-06	DIP
IND-005-99	NEC
IND-006-00	COATING OPERATIONS, NEC
IND-007-00	METAL FORMING
IND-007-01	FORGING
IND-007-02	EXTRUSION
IND-007-03	BENDING/FORMING
IND-007-04	SQUEEZING
IND-007-05	DRAWING
IND-007-99	NEC
IND-008-00	HEAT TREATING, HARDENING
IND-008-01	CARBURIZING
IND-008-02	CYANIDING
IND-008-03	GAS NITRIDING
IND-008-04	ANNEALING
IND-008-05	QUENCHING
IND-008-99	NEC
IND-009-00	FOUNDRY OPERATIONS
IND-009-01	MOLDING, GREEN SAND
IND-009-02	MOLDING, SHELL
IND-009-03	MOLDING, INVESTMENT CASTING
IND-009-04	MOLDING, FULL MOLD
IND-009-05	COREMAKING, SODIUM SILICATE
IND-009-06	COREMAKING, HOT BOX SYSTEM
IND-009-07	COREMAKING, NO BAKE
IND-009-08	COREMAKING, SHELL

NEC = NOT ELSEWHERE CLASSIFIED

IND-009-09	CASTING, FURNACE MELTING
IND-009-10	CASTING, OPEN HEARTH
IND-009-11	CASTING, ARC FURNACE
IND-009-12	CASTING, INDUCTION FURNACE
IND-009-13	CASTING, CRUCIBLE FURNACE
IND-009-14	CASTING, CUPOLA
IND-009-15	TRANSFER, POURING, COOLING
IND-009-16	SHAKEOUT
IND-009-17	CLEANING AND FINISHING
IND-009-99	NEC

IND-010-00	METAL MACHINING
IND-010-01	CUTTING
IND-010-02	PIERCING OR PUNCHING
IND-010-03	SAWING
IND-010-04	ABRASIVE GRINDING
IND-010-05	DRILLING AND BORING
IND-010-06	MILLING
IND-010-07	TURNING
IND-010-08	SHAPING AND SLOTTING
IND-010-99	NEC

IND-011-00	WELDING
IND-011-01	ARC
IND-011-02	RESISTANCE
IND-011-03	OXYFUEL
IND-011-04	SOLID STATE
IND-011-05	BRAZING
IND-011-06	LASER
IND-011-07	ELECTRON BEAM
IND-011-99	NEC

IND-012-00	THERMAL SPRAYING
IND-012-01	ELECTRIC ARC
IND-012-02	FLAME
IND-012-03	PLASMA

IND-013-00	CUTTING
IND-013-01	THERMAL
IND-013-02	OXYGEN
IND-013-03	ARC
IND-013-04	ELECTRON BEAM
IND-013-05	LASER
IND-013-99	NEC

NEC = NOT ELSEWHERE CLASSIFIED

IND-014-00	NON-DESTRUCTIVE TESTING
IND-014-01	VISUAL
IND-014-02	MAGNETIC PARTICLE
IND-014-03	LIQUID PENETRANT
IND-014-04	ULTRASONIC
IND-014-05	ACOUSTICAL EMISSION
IND-014-06	RADIOGRAPHIC
IND-014-07	LASER INSPECTION
IND-014-99	NEC
IND-015-00	PLASTICS/RUBBER PROCESSING
IND-015-01	POTTING
IND-015-02	DEPOTTING
IND-015-03	MOLDING
IND-015-04	FOAMING
IND-015-05	GRINDING
IND-015-06	CUTTING
IND-015-07	DRILLING
IND-015-08	GLUING
IND-015-99	NEC
IND-016-00	MAN MADE FIBERS
IND-016-01	LAYUP, HAND
IND-016-02	LAYUP, SPRAY
IND-016-03	GRINDING/SANDING
IND-016-04	CUTTING
IND-016-05	DRILLING
IND-016-99	NEC
IND-017-00	INSULATION, ASBESTOS
IND-017-01	INSTALLATION
IND-017-02	REMOVAL
IND-017-03	FABRICATION
IND-017-99	NEC
IND-018-00	INSULATION, MAN MADE FIBERS
IND-018-01	INSTALLATION
IND-018-02	REMOVAL
IND-018-03	FABRICATION
IND-018-04	NEC
IND-020-00	WOODWORKING
IND-020-01	CUTTING
IND-020-02	JOINTING
IND-020-03	DRILLING
IND-020-04	MORTISING/ROUTING

NEC = NOT ELSEWHERE CLASSIFIED

IND-020-05	TURNING LATHES
IND-020-06	SANDING, DRUM
IND-020-07	SANDING, DISK
IND-020-08	SANDING, BELT
IND-020-09	SANDING, HAND
IND-020-10	PRESERVATIVE APPLICATION
IND-020-11	GLUING
IND-020-12	STAINING
IND-020-13	TRANSPARENT FINISHES
IND-020-99	NEC
IND-021-00	STONE, MINERAL HANDLING
IND-021-01	INSTILLATION
IND-021-02	REMOVAL
IND-021-03	CUTTING
IND-021-04	DRILLING
IND-021-99	NEC
IND-022-00	ELECTRONICS REPAIR, NEC
IND-023-00	EQUIPMENT REPAIR, NEC
IND-024-00	CHEMICAL PROCESSING
IND-025-00	HW/HW HANDLING/CLEANUP
IND-999-99	NEC
RND-000-00	RESEARCH AND DEVELOPMENT
CCN-000-00	CONSTRUCTION
CCN-001-00	STRUCTURE FABRICATION/REPAIR
CCN-002-00	ELECTRICAL INSTALLATION/REPAIR
CCN-003-00	PLASTERING AND RELATED TASKS
CCN-004-00	PLUMBING INSTALLATION/REPAIR
CCN-005-00	STRUCTURE DEMOLITION
CCN-006-00	CEMENTING AND RELATED TASKS
CCN-007-00	EXCAVATING/GRADING
CCN-008-00	PAVING
CCN-999-99	NEC
MED-000-00	MEDICAL/DENTAL
MIL-000-00	MILITARY SPECIFIC OPS, NEC
MIL-001-00	WEAPONS HANDLING
MIL-002-00	FLIGHT LINE OPERATIONS
MIS-000-00	MISCELLANEOUS, NEC
NEC = NOT ELSEWHERE CLASSIFIED	

COLLECTION INSTRUMENT TYPES QUESTIONNAIRE

This is a list of Types of Instruments that controls the vocabulary entered in the Collection Instrument File. The following list (from prototype Site) is included as an example.

AUTOMATED BUBBLE CALIBRATOR
BALANCE
BROADBAND ISOTROPIC RAD METER
BROADBAND ISOTROPIC RAD PROBE
CARBON MONOXIDE METER
DATA LOGGER
DETECTOR TUBE SAMPLING PUMP
DIRECT READING DOSIMETER
EXPLOSIMETER
HEAT STRESS METER
HIGH VOLUME SAMPLE PUMP
HYDROTHERMOGRAPH
INFRARED TEMPERATURE INDICATOR
LIGHT METER
MANOMETER
MASS FLOW METER
MERCURY VAPOR METER
MICROWAVE OVEN TESTER
NOISE DATA LOGGER
NOISE DOSIMETER
ORGANIC VAPOR ANALYZER
OXYGEN METER
PERSONAL SAMPLING PUMP
PHOTOIONIZATION ANALYZER
PSYCHROMETER
RESPIRABLE AEROSOL MONITOR
SOUND LEVEL METER CALIBRATOR
SOUND LEVEL METER TYPE I - OEA
SOUND LEVEL METER TYPE II
SOUND LEVEL TAPE RECORDER
THERMOANEMOMETER
VELOMETER
VIBRATION INTEGRATOR
WET TEST METER

An Environmental Exposure Module user should prepare a list of Types.

Site: _____ Date: _____

Completed by: _____ Work Phone: _____

COLLECTION INSTRUMENTS QUESTIONNAIRE

SERIAL NUMBER (3-30 characters): _____

INSTRUMENT CODE (1-10 characters): _____
(This is a "nickname" for the instrument, each code must be unique.)

TYPE (select from Collection Instrument Type File): _____

MANUFACTURER (3-30 characters): _____

MODEL NUMBER (1-8 characters): _____

LOCAL STORAGE LOCATION (3-30 characters): _____
(This may be used to distinguish between NAVMED and NAVSEA instruments
when this file is shared.)

NOTE: An Environmental Exposure user should fill out one form for every
instrument in inventory.

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

CALIBRATION AGENCY QUESTIONNAIRE

AGENCY NAME: (3-30 characters, not starting with a number or punctuation)

STREET ADDRESS:

LINE 1 (3-30 characters) _____

LINE 2 (3-30 characters) _____

CITY (3-30 characters) _____

STATE; _____ ZIP CODE (5 or 9 digits) _____

PHONE (4-10 characters) _____

NOTE: This questionnaire is optional. If Environmental Exposure users desire to keep a mailing list of those agencies that are used to calibrate collection instruments, an Environmental Exposure user should fill out one form for each agency that is used.

Site: _____

Date: _____

Work Phone Number: _____

Completed by: _____

CALIBRATION TRACKING QUESTIONNAIRE

COLLECTION INSTRUMENT SERIAL NUMBER: _____

DESCRIBE THE USUAL CALIBRATION:

METHOD OF CALIBRATION (3-30 characters): _____

USUAL CALIBRATION AGENCY (3-30 characters): _____

USUAL COST: _____

TURNAROUND TIME IN DAYS: _____

USUAL POC

NAME (3-30 characters): _____

PHONE 1: _____

PHONE 2: _____

DESCRIBE THE LAST CALIBRATION FOR THIS INSTRUMENT:

DATE INSTRUMENT WAS SENT OUT: _____

DATE INSTRUMENT CALIBRATION (as certified by Agency): _____

DATE INSTRUMENT RETURNED: _____

NAME OF CALIBRATION AGENCY: _____

CALIBRATOR'S NAME (3-30 characters): _____

ACTUAL COST: _____

NEXT CALIBRATION DATE FOR THIS INSTRUMENT: _____

NOTE: This questionnaire is optional. If users desire to use the calibration tracking function, an Environmental Exposure module user should fill out one form for every instrument that requires calibration.

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

EXPOSURE NOTICES

This file will be set up with an Environmental Exposure Module user, using examples of the notices that are currently sent out to notify employees of exposures.

LABORATORIES QUESTIONNAIRE

LABORATORY NAME (3-30 characters): _____

ADDRESS LINE 1 (3-30 characters): _____

ADDRESS LINE 2 (3-30 characters): _____

CITY (3-30 characters): _____

STATE: _____ ZIP CODE (5 OR 9 digits): _____

TELEPHONE NUMBER (4-20 characters): _____

CONTACT NAME (3-30 characters): _____

NOTE: This questionnaire is optional. If Environmental Exposure users desire to keep a mailing list of laboratories that analyze samples taken during workplace surveys, an Environmental Exposure user should fill out one form for each lab that is used.

Site: _____ Date: _____

Work Phone Number: _____ Completed By: _____

PERSONAL PROTECTIVE EQUIPMENT QUESTIONNAIRE

Page 1 of 5

The dictionary for this file was established by a Technical Representative. An Environmental Exposure user should review the attached list and select the PPE actually in use. Indicate on this list those PPE to be entered into your system's file.

The Point-of-Contact for this file is:

Mr. Martin Healy
NEHC, Professional Support Branch
Naval Station
Norfolk, VA 23511
AUTOVON 564-4657
Commercial (804) 444-4657

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

I. EYE AND FACE PROTECTION

PRIMARY SOURCE: ANSI STANDARD Z-87.1-1979

PRACTICE FOR OCCUPATIONAL AND EDUCATIONAL EYE AND FACE PROTECTION

<u>TYPE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
E	SWOS	SPECTACLES, WITHOUT SIDESHIELDS
E	SETS	SPECTACLES, EYECUP TYPE SIDESHIELDS
E	SFFS	SPECTACLES, SEMI/FLAT-FOLD SIDESHIELDS
E	SLS	SPECTACLES, LASER WITH SIDESHIELDS
E	GFRV	GOGGLES, FLEXIBLE, REGULAR VENTED
E	GFHV	GOGGLES, FLEXIBLE, HOODED VENTILATION
E	GCFR	GOGGLES, CUSHIONED FITTING, RIGID BODY
E	GL	GOGGLES, LASER
E	GCE	GOGGLES, CHIPPING, EYECUP TYPE
E	GCC	GOGGLES, CHIPPING, COVERSPEC TYPE
E	GWE	GOGGLES, WELDING, EYECUP TYPE
E	GWC	GOGGLES, WELDING, COVERSPEC TYPE
E	FSP	FACE SHIELD, PLASTIC
E	FSM	FACE SHIELD, WIRE MESH
E	FSP/SWOS	FACE SHIELD, PLASTIC WITH SWOS
E	FSP/SETS	FACE SHIELD, PLASTIC WITH SETS
E	FSP/SFFS	FACE SHIELD, PLASTIC WITH SFFS
E	FSM/SWOS	FACE SHIELD, MESH WITH SWOS
E	FSM/SETS	FACE SHIELD, MESH WITH SETS
E	FSM/SFFS	FACE SHIELD, MESH WITH SFFS
E	F/SFFS	FACE SHIELD, MESH WITH SFFS
E	HW	HELMET, WELDING
E	HG	HOOD, GRINDING
E	OTHER	OTHER EYE PROTECTION
E	NONE	NO EYE/FACE PROTECTION

II. HEARING PROTECTION

PRIMARY SOURCE: MEDCOMINST 6260.5, 29 APRIL 1985
 OCCUPATIONAL NOISE CONTROL AND HEARING CONSERVATION

<u>TYPE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
A	PSF1	PLUG, SINGLE FLANGE, EAR DEFENDER, V-51R
A	PSF0	PLUG, SINGLE FLANGE, OTHER
A	PTF1	PLUG, TRIPLE FLANGE, COMFIT
A	PTF0	PLUG, TRIPLE FLANGE, OTHER
A	PD1	PLUG, DISPOSABLE, SILAFLEX
A	PD2	PLUG, DISPOSABLE, EAR
A	PD3	PLUG, DISPOSABLE, DECIDAMP
A	PD0	PLUG, DISPOSABLE, OTHER
A	PB1	PLUG, BAND TYPE, SOUND-BAN
A	PB2	PLUG, BAND TYPE, SOUND SENTRY
A	PB0	PLUG, BAND TYPE, OTHER
A	MCI	MUFF, CIRCUMAURAL, TYPE I
A	MCII	MUFF, CIRCUMAURAL, TYPE II
A	MCHP	MUFF, CIRCUMAURAL, HIGH PERFORMANCE
A	MO	MUFF, CIRCUMAURAL, OTHER
A	COMB	COMBINATION MUFF AND PLUG
A	OTHER	OTHER
A	NONE	NONE

ADDITIONAL HEARING PROTECTIVE DEVICES MAY BE ADDED BY FACILITIES AFTER OBTAINING A CODE FROM THE CONFIGURATION CONTROL BOARD.

III. PROTECTIVE CLOTHING

PRIMARY SOURCE: GUIDELINES FOR THE SELECTION OF CHEMICAL
PROTECTIVE CLOTHING, ACGIH. 2ND ED.

<u>TYPE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
PARTIAL TORSO		
C	CD/*	COAT, DISPOSABLE/*
C	CR/*	COAT, REUSEABLE/*
C	JD/*	JACKET, DISPOSABLE/*
C	JR/*	JACKET, REUSEABLE/*
C	PD/*	PANTS, DISPOSABLE/*
C	PR/*	PANTS, REUSEABLE/*
C	AD/*	APRON, DISPOSABLE/*
C	AR/*	APRON, REUSEABLE/*
C	BD/*	BIB-OVERALLS, DISPOSABLE/*
C	BR/*	BIB-OVERALLS, REUSEABLE/*
COMPLETE TORSO		
C	COD/*	COVERALLS, DISPOSABLE/*
C	COR/*	COVERALLS, REUSEABLE/*
C	FBD/*	FULL-BODY ENCAPSULATING, DISPOSABLE/*
C	FBR/*	FULL-BODY ENCAPSULATING, REUSEABLE/*
* MATERIAL		
	01	CLOTH
	02	HEAT RESISTANT
	03	BUTYL RUBBER
	04	CHLORINATED POLYETHYLENE
	05	NATURAL RUBBER
	06	NITRILE-BUTADIENE RUBBER
	07	NEOPRENE
	08	NITRILE RUBBER
	09	NITRILE RUBBER/POLYVINYL CHLORIDE
	10	POLYETHYLENE
	11	POLYURETHANE
	12	POLYVINYL ALCOHOL
	13	POLYVINYL CHLORIDE
	14	SAFEGUARD CPF
	15	SARANEX
	16	STYRENE-BUTADIENE RUBBER
	17	SONTARA
	18	TYVEK
	19	VITON
	OT	OTHER
	UK	UNKNOWN

**TYPE OF MATERIAL LISTED ON THE MENU WILL BE DETERMINED BY THE PPE IN USE
AT EACH SPECIFIC FACILITY. ADDITIONAL MATERIALS WILL BE ADDED AS APPROVED
BY THE CONFIGURATION CONTROL BOARD

IV. FOOT PROTECTION

<u>TYPE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
F	STREET	STREET SHOE
F	SBST	SHOE/BOOT, STEEL-TOE
F	SBSTM	SHOE/BOOT, STEEL-TOE, METATARSEL GUARD
F	SBM	SHOE/BOOT, METATARSEL GUARD
F	BR	BOOT, RUBBER
F	BRST	BOOT, RUBBER, STEEL-TOE
F	BRSTD	BOOT, RUBBER, STEEL-TOE, DIELECTRIC
F	OTHER	OTHER

OTHER TYPES OF FOOT PROTECTION MAY BE ADDED UPON ACCEPTANCE BY THE CONFIGURATION CONTROL BOARD.

V. HAND PROTECTION

<u>TYPE</u>	<u>CODE</u>	<u>DESCRIPTION</u>
H	GC	GLOVES, COTTON
H	GL	GLOVES, LEATHER
H	GCR/*	GLOVES, CHEMICAL RESISTANT/*
H	GCR/BC/*	GLOVES, CHEMICAL RESISTANT, BARRIER CREAM/*
H	GCR/O	GLOVES, CHEMICAL RESISTANT, OTHER
H	GWHR	GLOVES, WELDERS, HEAT RESISTANT
H	GE	GLOVES, ELECTRICAL PROTECTION
H	BC	BARRIER CREAM
H	FC	FINGER COTS
H	OTHER	OTHER
H	NONE	NONE

* MATERIAL

01	CLOTH
02	HEAT RESISTANT
03	BUTYL RUBBER
04	CHLORINATED POLYETHYLENE
05	LATEX
06	NATURAL RUBBER
07	NITRILE-BUTADIENE RUBBER
08	NEOPRENE
09	NITRILE RUBBER
10	NITRILE RUBBER/POLYVINYL CHLORIDE
11	POLYETHYLENE
12	POLYURETHANE
13	POLYVINYL ALCOHOL
14	POLYVINYL CHLORIDE
15	SAFEGUARD CPF
16	SARANEX
17	STYRENE-BUTADIENE RUBBER
18	SONTARA
19	TYVEK
20	VITON
OT	OTHER
UK	UNKNOWN

**TYPE OF MATERIAL LISTED ON THE MENU WILL BE DETERMINED BY THE PPE IN USE AT EACH SPECIFIC FACILITY. ADDITIONAL MATERIALS WILL BE ADDED AS APPROVED BY THE CONFIGURATION CONTROL BOARD.

Complete one form for every hazardous product found on the shipyard.

TRADE NAME (3-50 characters): _____

SYNONYMS (3-50 characters each):

STRESSORS (select an entry from the Stressor File):

Complete at least one of the following:

MATERIAL NAME: _____

STOCK NUMBER: _____

NIIN NUMBER: _____

CHEMICAL NAME: _____

MANUFACTURER: _____

DISTRIBUTOR: _____

SPECIFICATION: _____

Site: _____ Date: _____

Completed by: _____ Work Phone: _____

STRESSOR FILE INFORMATION

Page 2 of 2

The dictionary for this file was established by the Site Manager at the first field installation. Sites should not change any of the entries. Requests for change must be made through the MEDCOM's Configuration Control Board or SEASYSCOM's Program Management Group.

The point-of-contact for this file is:

Mr. Todd Merrill
Naval Medical Clinic (Code 203)
Portsmouth, NH 03801
AUTOVON 684-2082
Commercial (207) 439-2082

The following references were used when establishing the data for this file:

NAME: ACGIH TLV Book, 1986-87

SYNONYMS: NIOSH pocket Guide to Chemical Hazards, Sep 85
NIOSH RTEC, VOL I & II

NIOSH NUMBER: NIOSH RTEC, VOL I & II

OSHA STANDARDS: Code of Federal Regulations 1910

MEDICAL SURVEILLANCE: DODINST 6055.5M

NIOSH IDLH LEVEL: NIOSH Pocket Guide to Chemical Hazards, Sep 85

ACTION LEVEL: (1) DODINST 6055.5M
(2) where PEL was established, one-half PEL
(3) where PER was not established, one-half TLV

RESPIRATORY EQUIPMENT QUESTIONNAIRE

Page 1 of 2

CODE (3-10 characters): _____

DESCRIPTION (3-80 characters): _____

PROTECTION FACTOR (number between 1 and 100,000): _____

TC-NUMBER (1-11 characters): _____

NOTE: An Environmental Exposure user should fill out one form for every respirator in inventory. See attached page for instruction on how to fill out.

Instructions for local development of this file were established by a Technical Representative. The point of contact for this file is:

Mr. Martin Healy
NEHC, Professional Support Branch
Naval Station
Norfolk, VA 23511
AUTOVON: 564-4657
COMMERCIAL: (804) 444-4657

Site: _____ Date: _____

Work Phone Number: _____ Completed By: _____

REFERENCES:

- a) NIOSH CERTIFIED EQUIPMENT LIST, DHHS (NIOSH) PUBLICATION NO. 86-101, OCTOBER 1986
- b) AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) STANDARD Z88.2-1980

CODE:

THE CODE FOR THE RESPIRATOR SHALL BE DEVELOPED LOCALLY BY THE COGNIZANT INDUSTRIAL HYGIENE DIVISION/DEPARTMENT LOCATED AT THE FACILITY MAINTAINING THE CENTRAL PROCESSING UNIT (CPU). THE CODE IS IN FREE TEXT AND BETWEEN 3-10 CHARACTERS IN LENGTH.

DESCRIPTION:

THE DESCRIPTION OF THE RESPIRATOR SHALL BE OF SUFFICIENT DETAIL TO DIFFERENTIATE THAT PARTICULAR RESPIRATOR FROM ANY OTHER SIMILAR RESPIRATOR LISTED ON THAT CPU. TYPICAL RESPIRATOR DESCRIPTION WOULD INCLUDE:

"3M, MODEL 8710, SINGLE USE" OR
"MSA, COMFO II, BELT MOUNTED WITH SPARKFOE CARTRIDGE"

GENERIC TERMINOLOGY AND ABBREVIATIONS WILL BE CONSISTENT WITH THOSE USED IN REFERENCE (a).

THE DESCRIPTION IS IN FREE TEXT AND BETWEEN 3-80 CHARACTERS IN LENGTH.

PROTECTION FACTOR:

THE PROTECTION FACTOR FOR A SPECIFIC RESPIRATOR WILL BE ASSIGNED USING REFERENCE (b), OSHA STANDARDS FOR A SPECIFIC STRESSOR (i.e. THE LEAD STANDARD, 29 CFR 1910.1025) OR NAVY STANDARDS, IF THEY EXIST. THE ORDER OF PRIORITY WILL BE THE SPECIFIC NAVY STANDARD, THE OSHA STANDARD AND THEN THE ANSI STANDARD, REFERENCE (b).

THE PROTECTION FACTOR FIELD WILL CONSIST OF A NUMBER BETWEEN 1 AND 100,000.

TC-NUMBER:

THE TC-NUMBER FIELD CONSISTS OF THE NIOSH/MSHA TEST AND CERTIFICATION NUMBER AS LISTED IN REFERENCE (a). CAREFUL ATTENTION MUST BE PAID TO ENSURE THAT THE CORRECT TC-NUMBER FOR THE SPECIFIC FACEPIECE AND CARTRIDGE/CANISTER COMBINATION IS RECORDED. THE TC-NUMBER LISTED ON THE CARTRIDGE IS NOT THE CORRECT TC-NUMBER FOR ALL FACEPIECES USING THAT CARTRIDGE.

IN THE EVENT THAT AN ACCEPTED RESPIRATOR IS USED, A SUBSTITUTE "TC-NUMBER" WILL BE ASSIGNED BY THE CONFIGURATION CONTROL BOARD.

SURVEY MONITOR QUESTIONNAIRE

SURVEY MONITOR NAME (3-30 characters): _____

MONITOR'S AGENCY UNIT: _____

MONITOR'S UIC: _____

NOTE: An Environmental Exposure User should complete one form for each Survey Monitor.

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

QUESTIONNAIRE FOR AUTOMATED DATA TRANSFER OF
HAZARDOUS MATERIALS INFORMATION SYSTEM (HMIS)

The current version of the NOHIMS software provides a choice for three types of data load:

- (1) a full data load
- (2) a selective data load by National Stock Number or,
- (3) a selective data load by National Stock Number, Federal Supply Code for Manufacturers, and Part Number Indicator

The following paragraphs explain the two selective data loads:

a. National stock Number (NSN) - 13 characters, possible sources are:

- (1) Label on the material
- (2) Material Safety Data Sheet (MSDS)
- (3) Supply/Procurement Department
- (4) Procurement Document

b. Federal Supply Code for Manufactures (FSCM) - 5 characters, possible sources are:

- (1) Supply Department
- (2) Microfiche - "Name to Code Cross Reference, H-4, H-8 Commercial and Government Entity (CAGE)"

Address: Navy Fleet Material Support Office
Code 91412, P.O. Box 2010
Mechanicsburg, PA 17055-0787
Attn: Mr. Joe Zubba, (Autovon) 430-4223.

c. Part number indicator - 1 alphabetic character, usually "A" unless:

(1) The material has multiple components and the first ingredient would be an "A" and the second ingredient a "B", or

(2) The material has undergone a formulation change to eliminate/reduce hazardous components. The old formulation would have part number indicator "A" and the new substance would have part number indicator "B", e.g. Liquid Wrench had benzene initially, then it was removed. The data or lot number associated with this change in formulation should also be provided.

NARDAC Washington will receive the HMIS tapes and updates from the Navy Environmental Health Center (NEHC) on a quarterly basis. These tapes will then be copied and forwarded to the NOHIMS sites.

HMIS DATA LOAD QUESTIONNAIRE

Check the desired provision for data load:

- ☐ Full load (Do not fill in information below)
- ☐ Selective Load "A" (Fill in only National Stock Number below)
- ☐ Selective Load "B" (Fill in all information below)

<u>NATIONAL STOCK NUMBER</u>	<u>FSCM</u>	<u>PART NUMBER INDICATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Site: _____

Date: _____

Completed by: _____

Work Phone: _____

QUESTIONNAIRE CONCERNING
PRIMARY CLINIC AND DUTY STATION OR ACTIVITY

The following is forwarded to obtain specific entries for site setup in the Medical module. The following is an example of what we are looking for:

Primary Clinic: Mare Island MI
Duty Station or Activity: NAVMEDCOM NWPES NWR
 NAVHOSP Oakland NHO
 Naval Drug Screening Lab NDSL

The information should indicate the "Primary Clinic" and a two (2) to six (6) letter abbreviation for the Clinic. Also indicate "Duty Station or Activity" associated with that Clinic and a two (2) to six (6) letter abbreviation for the "Duty Station or Activity".

This information will also be used on the Occupational Health Care Patient Registration form and Occupational Health Unit Walk-In Clinic Acute Care Encounter Form.

Data Entries for "Primary Clinics"
and
"Duty Station or Activity"

PRIMARY CLINIC: _____

DUTY STATION OR ACTIVITY:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Site: _____

Date: _____

Phone Number: _____

Completed by: _____

1

APPENDIX E

NOHIMS SECURITY QUESTIONNAIRES

1

[illegible]Page of

Site: _____

Date: _____

Completed by: _____

Work Phone Number: _____

CLASSIFICATION LIST

001 - System Manager
099 - Programmer
100 - Occupational Health Physician
200 - Occupational Health Nurse
300 - Occupational Health Technician
500 - Data Entry

Site: _____ Date: _____

Work Phone Number: _____ Completed by: _____

MEDICAL COMPONENT
CLASSIFICATION FILE OPTION SELECTION QUESTIONNAIRE

PAGE 1 of 2

Classification # _____

ACCESS REQUIRED

<u>REGISTRATION</u>	ALL _____	NONE _____	SOME _____
Patient Registration/Edit			_____
Display Registration			_____
 <u>ENTER MEDICAL DATA</u>	 ALL _____	 NONE _____	 SOME _____
Encounter			_____
Lab Results			_____
Medical Edit			_____
 <u>DISPLAY MEDICAL DATA</u>	 ALL _____	 NONE _____	 SOME _____
List Encounters			_____
Encounter Report			_____
Most Recent Encounter			_____
Patient Summary			_____
Status Report			_____
Index Patient			_____
Flowchart			_____
Interactive Flowchart			_____
Registration Data Check			_____
 <u>PRINT MEDICAL DATA</u>	 ALL _____	 NONE _____	 SOME _____
Daily Encounter Reports			_____
Halt Daily Encounter Report on Printer			_____
Special Print			_____
Blank Forms			_____
Completed Forms			_____

MEDICAL COMPONENT
CLASSIFICATION FILE OPTION SELECTION QUESTIONNAIRE

Page 2 of 2

ACCESSED REQUIRED

COSTAR REPORT GENERATOR

ALL _____ NONE _____ SOME _____

Create/Edit Report _____
Run/Restart Report _____
Print Tables in _____
Working Storage _____
Edit Management Reporting _____
Variable Directory _____
List Management Reporting _____
Variable Directory _____
Delete/Rename Report _____
File Cleanup _____
Write Report List _____
Build Alpha File _____

SYSTEM MAINTENANCE

ALL _____ NONE _____ SOME _____

Transaction Control _____
Security _____
Directory _____
Registration Functions _____
Medical Data Functions _____
Zip Code Edit _____
Recovery _____
Job Queue Functions _____
User Profile _____
COSTAR Directory Code _____
Review _____

MAILBOX

ALL _____ NONE _____ SOME _____

Send Mail _____
Print Mail _____
Delete Mail _____

Site: _____

Date: _____

Work Phone Number: _____

Completed by: _____

MEDICAL COMPONENT
DEVICE IDENTIFICATION AND RESTRICTION QUESTIONNAIRE

Page 1 of 2

Line Number _____
Location _____
Cursor Type _____
Line Length _____
Lines/Page _____
Device Type _____

_____ Softcopy _____ Hardcopy

Startup Mode _____
_____ Normal _____ Programmer

Access Required

REGISTRATION ALL _____ NONE _____ SOME _____
Patient Registration/Edit _____
Display Registration _____

ENTER MEDICAL DATA ALL _____ NONE _____ SOME _____
Encounter _____
Lab Results _____
Medical Edit _____

DISPLAY MEDICAL DATA ALL _____ NONE _____ SOME _____
List Encounters _____
Encounter Report _____
Most Recent Encounter _____
Patient Summary _____
Status Report _____
Index Patient _____
Flowchart _____
Interactive Flowchart _____
Registration Data Check _____

PRINT MEDICAL DATA ALL _____ NONE _____ SOME _____
Daily Encounter Reports _____
Halt Daily Encounter Report on Printer _____
Special Print _____
Blank Forms _____
Completed Forms _____

MEDICAL COMPONENT
DEVICE IDENTIFICATION AND RESTRICTION QUESTIONNAIRE

Page 2 of 2

ACCESS REQUIRED

<u>COSTAR REPORT GENERATOR</u>	ALL _____	NONE _____	SCME _____
Create/Edit Report			_____
Run/Restart Report			_____
Print Tables in			_____
Working Storage			_____
Edit Management Reporting			_____
Variable Directory			_____
List Management Reporting			_____
Variable Directory			_____
Delete/Rename Report			_____
File Cleanup			_____
Write Report List			_____
Build Alpha File			_____
<u>SYSTEM MAINTENANCE</u>	ALL _____	NONE _____	SOME _____
Transaction Control			_____
Security			_____
Directory			_____
Registration Functions			_____
Medical Data Functions			_____
Zip Code Edit			_____
Recovery			_____
Job Queue Functions			_____
User Profile			_____
COSTAR Directory Code			_____
Review			_____
<u>MAILBOX</u>	ALL _____	NONE _____	SOME _____
Send Mail			_____
Print Mail			_____
Delete Mail			_____

Site: _____ Date: _____

Work Phone Number: _____ Completed by: _____

INDUSTRIAL HEALTH COMPONENT
DEVICE LOCATION PLANNING QUESTIONNAIRE

Title: Device Location Planning Worksheet		Site/Office:
1. Type of Devices:	MODEL	QUANTITY
CRT	CIE 224+	
Plotter/Printer	FUJ DL2400	
Graphics Terminal	TEKTR 4106	
Plotter	LCP01	
Letter Quality Printer	StarWriter F10/55	
Line Printer 300 LPM	LP11-BA	
Line Printer 600 LPM	LG01	

LOCATION OF DEVICES:

List Device Type and Location. Separate Device Type and Location with a slash (/). Location should include SITE, LOCATION, SUBLOCATION, AREA as used in the NOHIMS system. EXAMPLE: CRT/PT, B143, R502

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Site: _____ Date: _____

Work Phone Number: _____ Completed by: _____

INDUSTRIAL HEALTH COMPONENT
USER SECURITY AND OPTION QUESTIONNAIRE

User Name: _____
Access Code: _____
Position: _____

Module	Menu Level		MENU OPTION	
	User	Manager	Access Required Input Options	Output Options
Administration	_____	_____	_____	_____
Environmental Exposure	_____	_____	_____	_____
Hazardous Material Control	_____	_____	_____	_____
Medical Exam Scheduling	_____	_____	_____	_____

Site: _____

Date: _____

Work Phone: _____

Completed by: _____

I

APPENDIX F
PROJECT CHARTER

SAMPLE PROJECT CHARTER FOR GEOCCOM

IMPLEMENTATION OF THE

NAVY OCCUPATIONAL HEALTH INFORMATION MANAGEMENT SYSTEM (NOHIMS)

1. PROJECT IDENTIFICATION

The Navy Occupational Health Information Management System (NOHIMS) is an automated Information System designed to support the geographic Naval Medical Commands (GEOCCOM) mission in the areas of occupational medicine and industrial hygiene. Sponsorship of NOHIMS is the Chief of Naval Operations (OP-04) who directed the Commander, Naval Medical Command (COMNAVMEDCOM) to serve as Functional Manager. All major industrial facilities for which COMNAVMEDCOM has responsibilities will receive NOHIMS. COMNAVMEDCOM has directed the GEOCCOM Commanders to implement NOHIMS in support of the GEOCCOMs industrial activity. This project charter outlines the NOHIMS project team's organization, membership, and responsibilities.

COMNAVMEDCOM NOHIMS Project Office is at the Navy Environmental Health Center, Norfolk Va. This office provides overall guidance and direction for the NOHIMS Project. The Navy Regional Data Automation Center (NARDAC), Washington has contracted with COMNAVMEDCOM to supply implementation support, maintenance services, and user training for NOHIMS. Hardware for NOHIMS is from Digital Equipment Corporation purchased through InterSystems Corporation, Boston MA. Under the direction of the NOHIMS Configuration Control Board (CCB), the NOHIMS Project Office provides those uniform data tables for use in all NOHIMS implementations.

The GEOCCOM will implement NOHIMS at Service Point A in fiscal year (FY) 88 and at Service Point B in FY 89. Attached to each of the service points are remote facilities, each identified by a NOHIMS contract number. For Service Point A, the location of the remote facilities are Remote A-1 (Number X1), Remote A2 (Number X2), Remote A3 (Number X3), Remote A4 (Number X4), and Remote A5 (Number X5). For Service Point B, the location of the remote facilities are Remote B1 (Number Y1), Remote B2 (Number Y2), Remote B3 (Number Y3), and Remote B4 (Number Y4). At the Navy Shipyard, the Safety Office is installing an Occupational Safety and Health Record Keeping System (OSHRKS) which connects to Service Point A. This connection permits sharing of relevant safety and health information.

Each of the GEOCCOMs Service Points will:

- o contain uniform hardware, software, and technical support
- o have similar training and implementation support provided by NARDAC
- o receive uniform management guidance from the GEOCCOM

Civilian personnel data will originate from the Navy Civilian Personnel Data System center (NAVCIIVERDATSYSCEN) from each point and remote site.

Attachment (1)

2. SCOPE

As a minimum, the GEOCOMS NOHIMS project team must address the following:

- a. Development of a Plan of Action and Milestones (POA&M) for implementation of NOHIMS at Service Points A and B and associated remote facilities. The POA&M must be consistent with the anticipated delivery of NOHIMS and the NARDAC Washington implementation and training schedule.
- b. Incorporation of existing occupational health data into NOHIMS.
- c. Installation of uniform hardware and software configuration at the service points and remote sites consistent with user's needs.
- d. Replacement of existing occupational health data bases onto NOHIMS as appropriate for the NOHIMS software.
- e. Linkage of personnel data to NOHIMS using NAVCIVPEFDBSYSCEN or a similar personnel system.
- f. Presentation of briefings to those local Commanders, Officers in Charge, and GEOCOM staff who have interest in NOHIMS.
- g. Development of directions and guidance for the operation of NOHIMS that is consistent with the needs of the Occupational Health Department and consistent with the direction from the NOHIMS CCB.
- h. Maintenance of fiscal controls for NOHIMS implementation and operation.
- i. Participation in the NOHIMS CCB and provide liaison functions with the NOHIMS Project Office.

In executing these actions, the GEOCOMS NOHIMS Project Team will assure that all actions are consistent with guidance from the Commander, Naval Data Automation Command (NAVDAC), Navy Occupational Safety and Health (NAVOSH) program, COMNAVMEDCOM and other applicable laws or instructions.

3. PROJECT MANAGER'S RESPONSIBILITIES

- a. Coordinate all management aspects of NOHIMS implementation from the initial site survey through to final operation of NOHIMS at each service point.
- b. Perform systems analysis and planning functions appropriate for the installation of NOHIMS.
- c. Ensure that NOHIMS conforms with the local needs of the occupational health community at each service point.

d. Ensure that implementation of those system defined tables conform to directions provided by the NOHIMS CCB.

e. Coordinate the occupational health, technical, NARDAC Washington and telecommunication activities for NOHIMS implementations within the GEOCOM.

f. Prepare periodic briefings and progress reports to appropriate GEOCOM and service point staff members involved in the project.

g. Direct and coordinate subordinate project team members including those located in the GEOCOMs Echelon 4 activities.

h. Recommend a POA&M for each service point that is consistent with both the NOHIMS implementation schedule and the capabilities of each service point.

i. Develop a security plan and accreditation schedule for NOHIMS at each service point.

j. Coordinate with the OSHRKS Project Manager to ensure the interface of OSHRKS to NOHIMS at Service Point A.

k. Serve as point of contact for dissemination for information and instructions provided by the NOHIMS Project Office.

l. Develop a transition strategy for occupational health users to move from their current system to NOHIMS.

4. USER RESPONSIBILITIES AND ACCOUNTABILITY

a. Attend training classes as directed and follow the prescribed operation procedures for the NOHIMS hardware and software.

b. Follow security procedures and maintain their assigned passwords as confidential information.

c. Respect the privacy of all reports labeled as protected under the Privacy Act.

d. Report any inoperative NOHIMS hardware or software to their superiors or directly to the GEOCOM NOHIMS Project Manager.

5. PROJECT MANAGER'S AUTHORITY

a. Revise and update the POA&M and inform the Head, Occupational Health Department of these revisions.

b. Address and coordinate resource requirements for NOHIMS installations with appropriate departments within the GEOCOM.

- c. Represent NOHIMS in contacts with:
 - o Echelon 4 activities, industrial activities, federal agencies, and labor unions.
 - o Navy Commands outside the GEOCOM including NARDAC Washington, and the NOHIMS Project Office.
- d. Coordinate:
 - o The activity of subordinate project team members.
 - o Any commercial services provided by the GEOCOM for the NOHIMS project.
 - o The actions of designated consultants on the GEOCOMs NOHIMS project team.
 - o The activities of NARDAC Washington personnel with GEOCOM staff during the site survey, training sessions and implementation process.
- e. Perform project management tasks outlined in the PD&M.
- f. Develop performance appraisals of NOHIMS related work for team members. The appraisals will become part of the scheduled performance evaluation report on team members.
- g. Work with the local representative for NAVCIVPERDATSYSCEN to ensure that personnel data is available for NOHIMS at each Service Point.
- h. Develop and implement plans for transitioning existing occupational health data bases to NOHIMS.
- i. Implement NOHIMS data collection forms as appropriate during the implementation process.
- j. Support remedial training for personnel using NOHIMS and make available resources for this training.
- k. Implement updates to the system defined table as provided by the NOHIMS Project Office.
- l. Update the NOHIMS software as provided by NARDAC Washington or Intersystems Corporation.
- m. Verify receipt of NOHIMS hardware and execute DD-250 after consulting with the NOHIMS Project Office and NARDAC Washington personnel.
- n. Forward any System Change Requests (SCR) to NARDAC Washington after reviewing the SCR with the Head, Occupational Health Department.

o. Maintain a library of NOHIMS documents, manuals, and instructions which is available to subordinate team members.

p. Organize those data entry tasks necessary for the creation of the NOHIMS data base.

q. Maintain records of project team meetings and ensure that all project team members execute their responsibilities as documented in these records.

6. NOHIMS PROJECT ORGANIZATION AND TEAM MEMBERS

The NOHIMS project team shall exist for the time period necessary to complete NOHIMS implementation within the GECCOM. The NOHIMS Project Manager shall report to the Head, Occupational Health Department at the GECCOM. Enclosure (1) outlines the chain of command for the NOHIMS project.

Listed below are the titles of team members assigned to the NOHIMS project team. Enclosure (2) outlines the specific personnel assigned to these titles. The GECCOM Assistant Chiefs of Staff (ACOS) planning may update enclosure (2) as often as necessary to include new personnel assigned to the team.

- a. NOHIMS CCB member for the GECCOM
- b. NOHIMS Project Manager
- c. Automated Data Processing (ADP) Manager
- d. Training Manager
- e. Facilities and Site Preparation Manager
- f. Security Manager
- g. Local Manager, Service Point A
- h. Local Manager, Service Point B

7. CONSULTANTS TO THE GECCOM NOHIMS PROJECT TEAM

- a. Hazard Material Consultant
- b. Industrial Hygiene Consultant
- c. Occupational Medicine Consultant
- d. Fiscal and Resource Management Consultant

8. RESPONSIBILITIES FOR MEMBERS OF THE GEODCOM NOHIMS PROJECT TEAM

a. NOHIMS CCB Member

- o Duties as outlined in COMNAVMEDCOM ltr 6260/11 Ser 24/0326 of 22 May 86

b. GEODCOM NOHIMS Project Manager

- o Responsibilities as outlined in Section 3
- o Authority as outlined in Section 5

c. ADP Manager

- o Provide technical expertise in ADP issues
- o Prepare the service point to receive NOHIMS hardware. In executing this responsibility the ADP Manager may appoint representatives at each service point to serve as Assistant ADP Managers
- o Operate the NOHIMS hardware at each service point in accordance with NOHIMS ADP operating procedures. The Assistant ADP Manager may assume this responsibility.

d. Training Manager

- o Ensure that all phases of training provided by InterSystems and NARDAC Washington are accomplished in a timely, cost effective and expeditious manner.
- o Provide facilities to conduct training classes.
- o Ensure that all users of NOHIMS including occupational health and ADP professions receive training appropriate to their level of interaction with the system.
- o Recommend to the GEODCOM Project Manager opportunities for remedial training of staff members.

e. Facilities and Site Preparation Manager

- o Provide technical expertise in teleprocessing issues.
- o Coordinate the procurement of data communication lines for both Defense Data Network (DDN) and commercial lines at both Service Point A and Service Point B.
- o Inform the implementation team, NARDAC Washington, on implementation activities related to placement of telecommunication lines.

- o Monitor the quality of telecommunication lines and recommended to the Project Manager remedial action.

- o Prepare cost estimates for telecommunication lines.

- o Provide service point coordination with facilities engineering staff to assure adequate power and cooling exists to service NOHIMS hardware.

- o Provide and maintain environmental controls at service point and associated sites.

f. Security Manager

- o Serve as NOHIMS network Security Manager for all remote sites connected to each Service Point.

- o Appoint NOHIMS Terminal Access Officers (TASO) at each remote site.

- o Include NOHIMS as an ADP element in the security accreditation schedule for Service Points A and B.

- o Respond to requests for audit of the security plan at each of the Service Points.

- o Provide security training to all users of NOHIMS.

g. Local Managers at Service Points A and B

- o Perform project management tasks as outlined in the FQA&M for the NOHIMS project.

- o Develop and implement plans for transitioning existing occupational health data bases to NOHIMS.

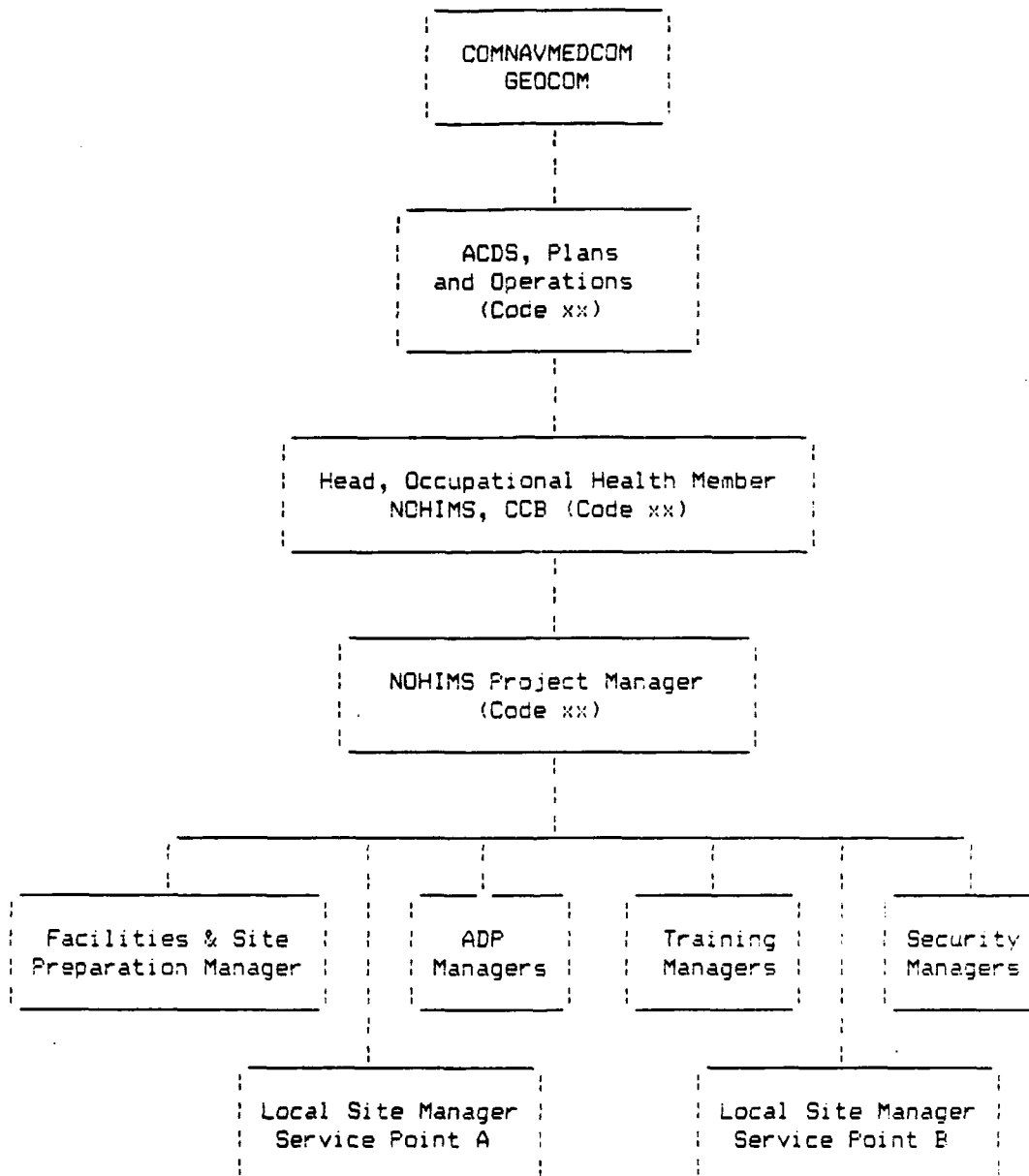
- o Implement updates to system defined tables as directed by the GEODCM Project Manager.

- o Work with local personnel commands to ensure NAVCIVPERSDATSYSCEN or alternate personnel data is available for NOHIMS.

- o Initiate system changes requests and forward to the Project Manager.

- o Complete NOHIMS project tasks as assigned by the GEODCM Project Manager.

NOHIMS PROJECT TEAM ORGANIZATION



Encl (1)

PERSONNEL ASSIGNED TO THE NOHIMS PROJECT TEAM

1
A. NOHIMS Configuration Control Board Member

Head, Occupational Health Department

GEOCOM Code
Name, Address

B. GEOCOM NOHIMS Project Manager

GEOCOM Code
Name, Address, Telephone

C. ADP Manager

GEOCOM Code
Name, Address, Telephone

D. Training Manager

GEOCOM Code
Name, Address, Telephone

E. Facilities and Site Preparation

GEOCOM Code
Name, Address, Telephone

F. Security Manager

GEOCOM Code
Name, Address, Telephone

G. Local Manager, Service Point A

Command
Name, Address, Telephone

H. Local Manager, Service Point B

Command
Name, Address, Telephone

Encl (2)

APPENDIX G
TRAINING GUIDELINES

NOHHS TRAINING MATRIX

IMPLEMENTATION STAGE	TRAINING COURSE	RESPONSIBLE PARTY	SCHEDULED DATES	SUGGESTED AUDIENCE
PRE-IMPLEMENTATION	Site Survey	NARDAC		Site Manager, Facilities Engr. Telcom reps
	System Orientation	NARDAC		Site Manager(s), Module Reps, Management Staff
	Workshops	NARDAC		Module Reps
HARDWARE INSTALLATION	*Executive Overview	InterSystems		Site Manager, ADP Staff, Module Reps, Management
	Operator Training	Digital		Site Manager(s), ADP Staff
	*System Software: VMS Training	Digital		Site Manager(s), ADP Staff
	M/VX Training	InterSystems		Site Manager(s), ADP Staff
SYSTEM IMPLEMENTATION	System Management I	NARDAC		Site Manager(s), ADP Staff
	*Data Entry Techniques	NARDAC		Data Entry Clerks
	System Management II	NARDAC		Site Manager(s), ADP Staff
	IHC: Introduction	NARDAC		Industrial Component Module Users
	EE Module Usage	NARDAC		Industrial Hygienists
	HMC Module Usage	NARDAC		Industrial Hygienists
	MES Module Usage	NARDAC		Medical Records Clerks, Nurses, Health Techs, Industrial Hygienists
	MC: Introduction & Usage	NARDAC		Occupational Health Doctors, Nurses, Misc. Technical Personnel
POST-IMPLEMENTATION	*Ad Hoc Query Workshop for IHC	NARDAC		Site Manager(s), Module Reps

*Optional

NOHIMS DOCUMENTATION CHECKLIST

DOCUMENTS	DATE RECEIVED	NUMBER OF COPIES
PRE-IMPLEMENTATION:		
. "NOHIMS Training and Implementation Plan"	_____	_____
. "Site Survey Package"	_____	_____
SYSTEM START-UP:		
. "Initial Software and Data Load Procedures"	_____	_____
. "System Manager's Guide"	_____	_____
. "Site Manager's Guide"	_____	_____
. "VA FileMan User's Manual"	_____	_____
. "VA Kernel"	_____	_____
INDUSTRIAL HEALTH COMPONENT TRAINING:		
. "NOHIMS Primer"	_____	_____
. EE Module:		
a. "User's Manual"	_____	_____
b. "Operator's Guide"	_____	_____
. HMC Module:		
a. "User's Manual"	_____	_____
b. "Operator's Guide"	_____	_____
. MES Module:		
a. "User's Manual"	_____	_____
b. "Operator's Guide"	_____	_____
MEDICAL COMPONENT TRAINING		
. "User's Manual"	_____	_____

SITE: _____

SITE MANAGER: _____ DATE: _____

SITE MANAGER'S TRAINING CHECKLIST

FUNCTIONAL AREA	TRAINING PROVIDED (Y/N)	DATE & INITIALS
1. APPLICATION SOFTWARE COMPONENTS		
. IH COMPONENT	_____	_____
. EVE MENU	_____	
. CORE APPLICATIONS DRIVERS	_____	
. DEVICE EDITOR	_____	
. VA FILEMAN	_____	
. MANAGE MAILMAN	_____	
. MENU MANAGEMENT	_____	
. SITE MANAGER MENU	_____	
. TASKMAN MANAGER	_____	
. USER EDIT	_____	
. ADMIN MODULE	_____	
. LOAD/UPDATE PROCEDURES	_____	
. NCPDS/NACMIS	_____	
. HMIS	_____	
. MED COMPONENT	_____	
. COSTAR MONITOR(S)	_____	_____
2. PROCEDURES FOR BOOTING	_____	_____
3. SYSTEM MAINTENANCE PROCEDURES	_____	_____
. BACKUP PROCEDURES	_____	_____
. RESTORE	_____	_____
. ANALYZE	_____	_____
. UTIL MENU	_____	_____
. MNET (IF APPLICABLE)	_____	_____
4. COMMUNICATIONS	_____	_____
5. SECURITY		
6. TROUBLE REPORTING PROCEDURES		

SITE _____

SITE MANAGER _____

DATE _____

APPENDIX H
MEDICAL COMPONENT FORMS

TO BE GIVEN TO PERSON
EXAMINED WITH A PRE-
ADDRESSED "CONFIDENTIAL-MEDICAL" ENVELOPE

UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

Form Approved
Budget Bureau
No. 50-R0073

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (type/write or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is YES explain fully to the physician performing the examination)		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF (signature of applicant)	

Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> REAPPOINTMENT <input type="checkbox"/> OTHER (specify)	2. POSITION TITLE
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO	
4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.	
A. FUNCTIONAL REQUIREMENTS	
1. Heavy lifting, 45 pounds and over 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (hours) 8. Pulling hand over hand (hours) 9. Pushing (hours) 10. Reaching above shoulder 11. Use of fingers 12. Both hands required 13. Walking (hours) 14. Standing (hours)	15. Crawling (hours) 16. Kneeling (hours) 17. Repeated bending (hours) 18. Climbing, legs only (hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use and desirability of using firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4
25. Far vision correctable in one eye to 20/20 and to 20/40 in the other 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other 27. Specific visual requirement (specify) 28. Both eyes required 29. Depth perception 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) 33. Hearing without aid 34. Specific hearing requirements (specify) 35. Other (specify)	
B. ENVIRONMENTAL FACTORS	
1. Outside 2. Outside and inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atmospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust	11. Silica, asbestos, etc. 12. Fumes, smoke, or gases 13. Solvents (degreasing agents) 14. Grease and oils 15. Radiant energy 16. Electrical energy 17. Slippery or uneven walking surfaces 18. Working around machinery with moving parts 19. Working around moving objects or vehicles
20. Working on ladders or scaffolding 21. Working below ground 22. Unusual fatigue factors (specify) 23. Working with hands in water 24. Explosives 25. Vibration 26. Working closely with others 27. Working alone 28. Protracted or irregular hours of work 29. Other (specify)	

Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN (signature) (date)
2. ADDRESS (including ZIP Code)	IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors circled on the other side of this form. Please take them, and the brief description of job duties above them, into consideration as you make your examination and report your findings and conclusions.

1. HEIGHT: _____ FEET, _____ INCHES.

WEIGHT: _____ POUNDS.

2. EYES:

(A) Distant vision (Snellen): without glasses: right 20 left 20; with glasses, if worn: right 20 left 20

(B) What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant? Test each eye separately.

Jaeger No. 2 Type
employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 29 and June 18, 1923 (Executive Order, September 4, 1924).

without glasses:

with glasses, if used:

R. _____ in. to _____ in.

R. _____ in. to _____ in.

L. _____ in. to _____ in.

L. _____ in. to _____ in.

(C) Color vision: Is color vision normal when Ishihara or other color plate test is used? ☐ YES ☐ NO
If not, can applicant pass lantern, yarn, or other comparable test? ☐ YES ☐ NO

3. EARS: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)
Ordinary conversation:

RIGHT EAR _____ 20 ft. LEFT EAR _____ 20 ft.

Audiometer (if given):

250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. OTHER FINDINGS: In items a through l briefly describe any abnormality (including diseases, scars, and disfigurements). Include brief history, if pertinent. If normal, so indicate.

a. Eyes, ears, nose, and throat (including tooth and oral hygiene)

e. Abdomen

b. Head and back (including face, hair, and scalp)

f. Peripheral blood vessels

c. Speech (note any malfunction)

g. Extremities

d. Skin and lymph nodes (including thyroid gland)

h. Urinalysis (if indicated)

Sp. gr. _____ Sugar _____ Blood _____
Albumen _____ Casts _____ Pus _____

i. Respiratory tract (X-ray if indicated)

j. Heart (size, rate, rhythm, function)

Blood pressure _____

Pulse _____

EKG (if indicated)

k. Back (special consideration for positions involving heavy lifting and other strenuous duties)

l. Neurological and mental health

CONCLUSIONS: Summarize below any medical findings which, in your opinion, would limit this person's performance of the job duties and/or would make him a hazard to himself or others. If none, so indicate.

- ☐ No limiting conditions for this job
☐ Limiting conditions as follows:

FOR AGENCY USE ONLY

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (type/rite or print in ink)			
1. NAME (last, first, middle)		2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
			4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____	
(If your answer is "YES" explain fully to the physician performing the examination)		(signature of applicant)	

Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER *(if one is available)*

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

<p>1. RECOMMENDATION:</p> <p><input type="checkbox"/> HIRE OR RETAIN. DESCRIBE LIMITATIONS, IF ANY, HERE.</p> <p><input type="checkbox"/> TAKE ACTION TO SEPARATE OR DO NOT HIRE. EXPLAIN WHY.</p>		
2. AGENCY MEDICAL OFFICER'S NAME (type or print)	3. LOCATION (city, State, ZIP Code)	4. DATE

Part E. TO BE COMPLETED BY AGENCY PERSONNEL OFFICER

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in part F is circled. **IMPORTANT:** See FPM Chapter 293, Subchapter 3; FPM Chapter 339, and FPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

1. ACTION TAKEN: <input type="checkbox"/> HIRED OR RETAINED. <input type="checkbox"/> NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO. <input type="checkbox"/> ACTION TAKEN TO SEPARATE.		
2. AGENCY PERSONNEL OFFICER'S NAME <i>(type or print)</i>	3. SIGNATURE	4. DATE

Part F. HANDICAP CODE *(to be completed only in pre-appointment cases)*

If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "00".

- | | | | | | |
|----|--------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------|
| 00 | No handicap of the type listed | 40 | Hearing aid required | 92 | Diabetes—controlled |
| 10 | Amputation—one major extremity | 41 | No usable hearing | 93 | Epilepsy—adequately controlled |
| 11 | Amputation—two or more major extremities | 42 | No usable hearing, with speech malfunction | 94 | History of emotional behavioral problems requiring special placement effort |
| 20 | Deformity or impaired function—upper extremity | 43 | Normal hearing, with speech malfunction | 95 | Mentally retarded |
| 21 | Deformity or impaired function—lower extremity or back | 50 | Tuberculosis—inactive pulmonary | 96 | Mentally restored |
| 30 | Vision—one eye only | 51 | Organic heart disease (<i>compensated</i>)—valvular, arrhythmia, arteriosclerosis, healed coronary lesions | | |
| 31 | No usable vision | | | | |

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN
2. ADDRESS (including ZIP Code)	<div style="display: flex; justify-content: space-between;"> <div>(signature)</div> <div>(date)</div> </div> <p>IMPORTANT: After signing, return the entire form intact in the pre addressed "Confidential-Medical" envelope which the person you examined gave you.</p>

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, Street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (For & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 19, 80 and 81)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parietal movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fissures) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Excess of feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Type/grade personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)																	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																															
<div style="display: flex; justify-content: space-around; font-size: small;"> <div> 0 12 11 10 9 Resemble teeth </div> <div> 1 12 11 10 9 Non restorable teeth </div> <div> 1 12 11 10 9 Missing teeth </div> <div> 1 2 3 12 11 10 9 Replaced by dentures </div> <div> 1 2 3 12 11 10 9 Fixed Partial dentures </div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">R I G H T</div> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td></tr> </table> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">L E F T</div> </div>																			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																	

LABORATORY FINDINGS			
45. URINALYSIS A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS																																																	
51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE																																							
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																											
A. SITTING SYS. DIAS.		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING		B. AFTER EXERCISE		C. 2 MIN AFTER																																							
D. RECUMBENT		E. AFTER STANDING 3 MIN.																																															
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																									
RIGHT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO																																							
LEFT 20/		CORR. TO 20/		BY		S.		CX		CORR. TO																																							
62. METROPHORIA (Specify distance)																																																	
ES°		EX°		R. M.		L. M.		PRISM DIV.		PRISM CONV. CT																																							
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																																							
RIGHT LEFT										CORRECTED																																							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																																							
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																							
RIGHT WV		/15 SV		/15		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td>250</td> <td>300</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>dB</td> <td>dB</td> <td>dB</td> <td>dB</td> <td>dB</td> <td>dB</td> <td>dB</td> <td>dB</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							250	300	1000	2000	3000	4000	6000	8000		dB	dB	dB	dB	dB	dB	dB	dB	RIGHT									LEFT										
	250	300	1000	2000	3000	4000	6000	8000																																									
	dB	dB	dB	dB	dB	dB	dB	dB																																									
RIGHT																																																	
LEFT																																																	
LEFT WV		/15 SV		/15																																													
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																	

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check) A. <input type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME				2. SOCIAL SECURITY OR IDENTIFICATION NO.			
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)				4. POSITION (title, grade, component)			
5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)			
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)							
9. HAVE YOU EVER (Please check each item)						10. DO YOU (Please check each item)	
YES	NO	(Check each item)				YES	NO
		Lived with anyone who had tuberculosis					
		Coughed up blood					
		Bled excessively after injury or tooth extraction					
		Attempted suicide					
		Been a sleepwalker					
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW
			Scarlet fever, erysipelas				
			Rheumatic fever				
			Swollen or painful joints				
			Frequent or severe headache				
			Dizziness or fainting spells				
			Eye trouble				
			Ear, nose, or throat trouble				
			Hearing loss				
			Chronic or frequent colds				
			Severe tooth or gum trouble				
			Sinusitis				
			Hay Fever				
			Head injury				
			Skin diseases				
			Thyroid trouble				
			Tuberculosis				
			Asthma				
			Shortness of breath				
			Pain or pressure in chest				
			Chronic cough				
			Palpitation or pounding heart				
			Heart trouble				
			High or low blood pressure				
12. FEMALES ONLY: HAVE YOU EVER							
			Been treated for a female disorder				
			Had a change in menstrual pattern				
13. WHAT IS YOUR USUAL OCCUPATION?							
14. ARE YOU (Check one)							
<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed							

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		<p>15. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>A. Sensitivity to chemicals, dust, sunlight, etc.</p> <p>B. Inability to perform certain motions.</p> <p>C. Inability to assume certain positions.</p> <p>D. Other medical reasons (If yes, give reasons.)</p>	
		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
		17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
		19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>			
TYPED OR PRINTED NAME OF EXAMINEE		SIGNATURE	
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."</p> <p>25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>			
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER		DATE	SIGNATURE
			NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

GPO : 1984 O - 421-526 (75)

OFFICER PHYSICAL EXAMINATION QUESTIONNAIRE
 NAVMED 6120/2 Rev. (11-79) S/N 0106-LF-208-3071

MANMED article 15-45 requires that all active duty Navy and Marine Corps officers undergo certain physical examinations during their period of active service. The purpose of this examination, among other things, is to detect disease processes in their incipency, thereby permitting earlier therapy, and to maintain current medical data regarding the physical fitness of the officer concerned.

As part of this examination, the following questionnaire is to be completed by the officer at the time he takes the examination. This questionnaire is designed to assist the medical officers conducting the examination to determine whether any special investigations or procedures might be instituted in the interest of preserving the examinee's health.

Please answer each question. If you are unable to answer any of the questions, please circle the question and call it to the attention of the examining doctor.

YOUR AGE		THE FOLLOWING CONCERNS THE PERIOD BETWEEN YOUR LAST PHYSICAL EXAMINATION AND THIS ONE, PLACE AN "X" IN THE APPROPRIATE COLUMN.					
1. HAVE YOU HAD--							
CARDIOVASCULAR:	NO	SELDOM	FREQUENT	GASTROINTESTINAL (CONTINUED):	NO	SELDOM	FREQUENT
SHORTNESS OF BREATH WITH EXERTION				DIARRHEA			
ANKLE SWELLING				BLOOD IN BOWEL MOVEMENT			
HIGH BLOOD PRESSURE				BLACK BOWEL MOVEMENT			
RAPID HEART BEAT				INCREASED APPETITE			
IRREGULAR HEART BEAT				INCREASED THIRST			
DIZZINESS				DECREASED APPETITE			
FAINTING SPELLS				NAUSEA AND VOMITING			
CHEST PAIN OR PRESSURE				DIFFICULTY SWALLOWING			
LEG CRAMPS				GENITOURINARY:			
RESPIRATORY:				BACK PAIN			
COUGH				FREQUENT URINATION			
COUGHED UP BLOOD				PAINFUL URINATION			
HOARSENESS				PAIN IN TESTICLES			
SORE THROATS				BLOODY OR OTHER DISCHARGE			
SNEEZING				LOSS OF SEXUAL POTENCY			
HAY FEVER				MUSCULO-SKELETAL:			
NOSE BLEEDS				ARTHRITIS			
CHEST PAIN				MUSCLE PAIN OR CRAMPS			
ASTHMA OR WHEEZING				PAINFUL JOINTS			
PNEUMONIA				LAMENESS			
GASTROINTESTINAL:				BACKACHES			
INDIGESTION				WEAKNESS			
ABDOMINAL PAIN OR CRAMPS				SKIN:			
CONSTIPATION				ULCERATIONS			
				ITCHING			
Name (Last, first & middle)		Date of birth		Branch of Service		Service and Social Security Number	

MISCELLANEOUS:	NO	SELDOM	FREQUENT	3. DOES YOUR FAMILY HAVE A HISTORY OF	YES	NO
FEVER				DIABETES		
CHILLS				GOUT		
NIGHT SWEATS				HIGH BLOOD PRESSURE		
HEADACHES				HEART ATTACKS		
INSOMNIA				STROKES		
NERVOUSNESS				CANCER		
IRRITABILITY						
MORNING TIREDNESS				4. WHAT MEDICATIONS DO YOU CURRENTLY TAKE?		
EASY FATIGABILITY						
2. DO YOU HAVE OR HAVE YOU HAD RECENTLY?	YES	NO				
WEIGHT LOSS. HOW MUCH? ()						
WEIGHT GAIN. HOW MUCH? ()						
MEMORY DEFECT						
CHANGE IN HANDWRITING						
DIFFICULTY IN WALKING IN THE DARK						
BALANCE PROBLEMS						
NUMBNESS AND TINGLING IN EXTREMITIES				5. HAVE YOU BEEN HOSPITALIZED OR TREATED AT SICKCALL IN THE PAST YEAR FOR WHAT YOU WOULD CONSIDER A SIGNIFICANT CONDITION? IF SO, PLEASE LIST.		
HEARING LOSS						
RINGING IN EARS						
VISION CHANGE						
DOUBLE VISION						
EARACHES						
RUNNING EARS						
NEW SKIN GROWTHS						
CHANGE IN SKIN COLOR						
TENDENCY TO BLEED OR BRUISE EASILY						
ATHLETES FOOT						
YELLOW JAUNDICE						
HEAT INTOLERANCE						
COLD INTOLERANCE						
CHANGE IN SHOE OR HAT SIZE						
LYMPH NODE ENLARGEMENT						
TUBERCULOSIS EXPOSURE						
KIDNEY STONES						
DO YOU USE TOBACCO PRODUCTS?						
TO WHAT EXTENT? _____						
HOW MANY YEARS? _____						
DO YOU USE ALCOHOL?						
TO WHAT EXTENT? _____						
HOW MANY YEARS? _____						

7. REMARKS:

DATE AND SIGNATURE

NAVMEC 6120/2 (11-79) (BACK)

H-11

REFERENCE AUDIOGRAM										ZIP CODE/APO			
DOD COMPONENT <input type="checkbox"/> A-ARMY M-MARINE CORPS N-NAVY 1-OTHER DOD ACTIVITY F-AIR FORCE					SERVICE COMPONENT <input type="checkbox"/> R-REGULAR G-NATIONAL GUARD V-RESERVE T-OTHER								
PERSONAL DATA													
SSN						LAST NAME-FIRST NAME-MIDDLE INITIAL							
SEX <input type="checkbox"/> M-MALE <input type="checkbox"/> F-FEMALE		DATE OF BIRTH year month day				PAY GRADE, UNIFORMED SERVICES		GRADE, CIVILIAN		SERVICE DUTY OCCUPATION CODE			
MAILING ADDRESS OF ASSIGNMENT													
LOCATION-PLACE OF WORK						MAJOR COMMAND				DUTY PHONE			
AUDIOMETRY													
<input type="checkbox"/> 1. REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS <input type="checkbox"/> 2. REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES <input type="checkbox"/> 3. REFERENCE RE-ESTABLISHED AFTER FOLLOWUP PROGRAM													
HEARING THRESHOLD LEVELS OF TEST FREQUENCIES RE: ANSI S3.8													
LEFT EAR						RIGHT EAR							
500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000		
DATE OF AUDIOGRAM year month day			DAY OF WEEK <input type="checkbox"/> 1-SUN 4-WED 7-SAT 2-MON 5-THURS 3-TUES 6-FRI			MIL-TIME-DAY		HOURS SINCE LAST NOISE EXPOSURE		ENT PROBLEM AT TIME OF TEST <input type="checkbox"/> 1-NO 2-YES 3-UNKNOWN			
EXAMINER													
LAST NAME-FIRST NAME-MIDDLE INITIAL						TRAINING CERT NO.		SERVICE DUTY OCCUPATION CODE		OFFICE SYMBOL			
						SSN							
AUDIOMETER													
TYPE <input type="checkbox"/> 1-MANUAL <input type="checkbox"/> 2-SELF-RECORDING (automatic) <input type="checkbox"/> 3-MICROPROCESSOR		MODEL		MANUFACTURER		SERIAL NUMBER		LAST ELECTROACOUSTIC CALIB DATE year month day					
PERSONAL HEARING PROTECTION													
TYPE USED <input type="checkbox"/> 1-SINGLE FLANGE (V51R) 5-NOISE MUFFS <input type="checkbox"/> 2-TRIPLE FLANGE 6-OTHER <input type="checkbox"/> 3-HAND FORMED EARPLUGS <input type="checkbox"/> 4-EAR CANAL CAPS				EARPLUGS ISSUED <input type="checkbox"/> 1-NO 2-YES <input type="checkbox"/> 3-PREVIOUSLY ISSUED		SIZE EARPLUGS R L 1-XS 2-S 3-M 4-L 5-XL		DOUBLE PROTECTION USED <input type="checkbox"/> 1-NO 2-YES		GLASSES WORN (including goggles) <input type="checkbox"/> 1-NO 2-YES		FREQUENCY GLASSES WORN <input type="checkbox"/> 1-ALWAYS 2-SELDOM 3-N/A	
REMARKS													
CONTENTS REVIEWED AND VALIDATED BY													
NAME OF REVIEWER (Signature)				SERVICE DUTY OCCUPATION CODE		AUTOVON		SSN		OFFICE SYMBOL			

Chap 7

U.S. GOVERNMENT PRINTING OFFICE: 1982-508-888

HEARING CONSERVATION DATA										ZIP CODE/APO							
DOD COMPONENT		A-ARMY N-NAVY P-AIR FORCE		MARINE CORPS OTHER DOD ACTIVITY		SERVICE COMPONENT		R-REGULAR V-RESERVE		G-NATIONAL GUARD 1-OTHER							
SSN		LAST NAME-FIRST NAME-MIDDLE INITIAL				SEX M-MALE F-FEMALE		DATE OF BIRTH				year month day					
PAY GRADE, UNIF SVCS		GRADE, CIVILIAN		SERVICE DUTY OCCUPATION CODE		MAILING ADDRESS OR ASSIGNMENT											
LOCATION-PLACE OF WORK						MAJOR COMMAND				DUTY PHONE							
AUDIOMETRY																	
PURPOSE <input type="checkbox"/> 1-90 DAY <input type="checkbox"/> 2-ANNUAL <input type="checkbox"/> 3-TERMINATION <input type="checkbox"/> 4-OTHER																	
AUDIOMETRIC DATA RE: ANSI S3.6						LEFT				RIGHT							
						500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE																	
REFERENCE AUDIOGRAM DATE																	
THRESHOLD SHIFT																	
<input type="checkbox"/> 1-No Significant threshold shift <input type="checkbox"/> 2-Yes (STS) 20dB or greater						STS NO		<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.		<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry		STS YES		<input type="checkbox"/> Notify supervisor <input type="checkbox"/> Followup No. 1 after minimum 15 hours noise free			
NAME OF EXAMINER (Last, first, MI)				TRAINING CERT NO.		SSN		SERVICE DUTY OCCUPATION CODE		OFC SYMBOL							
TYPE		MODEL		MANUFACTURER		SERIAL NO.		LAST ELECTROACOUSTIC CALIB DATE									
<input type="checkbox"/> 1-Manual <input type="checkbox"/> 2-Self-recording (auto) <input type="checkbox"/> 3-Microprocessor								year month day									
FOLLOWUP NO. 1 Minimum 15 hours noise free																	
AUDIOMETRIC DATA RE: ANSI S3.6						LEFT				RIGHT							
						500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE																	
REFERENCE AUDIOGRAM DATE																	
THRESHOLD SHIFT																	
<input type="checkbox"/> 1-No Significant threshold shift <input type="checkbox"/> 2-Yes (STS) 20dB or greater						STS NO		<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.		<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry		STS YES		<input type="checkbox"/> Notify Supervisor <input type="checkbox"/> Cleared by medical reviewer before Followup No. 2			
NAME OF EXAMINER (Last, first, MI)				TRAINING CERT NO.		SSN		SERVICE DUTY OCCUPATION CODE		OFC SYMBOL							
TYPE		MODEL		MANUFACTURER		SERIAL NO.		LAST ELECTROACOUSTIC CALIB DATE									
<input type="checkbox"/> 1-Manual <input type="checkbox"/> 2-Self-recording (auto) <input type="checkbox"/> 3-Microprocessor								year month day									
FOLLOWUP NO. 2 Minimum 40 hours noise free since Followup No. 1																	
AUDIOMETRIC DATA RE: ANSI S3.6						LEFT				RIGHT							
						500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE																	
REFERENCE AUDIOGRAM DATE																	
THRESHOLD SHIFT																	
<input type="checkbox"/> Significant threshold shift (STS) 20dB or greater <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Yes						STS NO		<input type="checkbox"/> Counsel <input type="checkbox"/> Return to duty <input type="checkbox"/> Retest in 12 mo.		<input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry		STS YES		<input type="checkbox"/> Refer to appropriate directive <input type="checkbox"/> Requires medical disposition <input type="checkbox"/> Validated by reviewer <input type="checkbox"/> Orig in health record <input type="checkbox"/> Send copy to registry			
NAME OF EXAMINER (Last, first, MI)				TRAINING CERT NO.		SSN		SERVICE DUTY OCCUPATION CODE		OFC SYMBOL							
TYPE		MODEL		MANUFACTURER		SERIAL NO.		LAST ELECTROACOUSTIC CALIB DATE									
<input type="checkbox"/> 1-Manual <input type="checkbox"/> 2-Self-recording (auto) <input type="checkbox"/> 3-Microprocessor								year month day									
REVIEWED & VALIDATED BY:						SERVICE DUTY OCCUPATION CODE		AUTOVON		SSN		OFC SYMBOL					

DD FORM 2216
1 SEP 79

H-13

S/N 0102-LF-002-2160

NAVY ASBESTOS MEDICAL SURVEILLANCE ROENTGENOGRAPHIC INTERPRETATION

ORIGINAL
COPY TO:

Commanding Officer,
NAVY ENVIRONMENTAL HEALTH CENTER
Naval Station, Norfolk, Va., 23511

COPY TO:

AST NAME

FIRST

M.I.

LOCAL X-RAY NO. (Optional)

1. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

1a. DATE OF PHYSICAL EXAM

YR.	MO.	DAY

2. DATE OF X-RAY

YR.	MO.	DAY

3. FILM QUALITY

1	2	U/R
---	---	-----

If U/R,
give
reason:

3a.

--

4. IS FILM COMPLETELY NEGATIVE

YES

0	1	2	3	4
---	---	---	---	---

NO

--

IF NO, COMPLETE
ITEMS 5-14 AS APPLI-
CABLE AND ITEM 15.

4a.

--	--	--	--	--	--

EXAMINING
FACILITY
(UIC)

5. SMALL OPACITIES - ROUNDED

a. TYPE b. PROFUSION c. ZONES

a. TYPE	b. PROFUSION	c. ZONES																					
<table border="1"> <tr><td>p</td></tr> <tr><td>q</td></tr> <tr><td>r</td></tr> </table>	p	q	r	<table border="1"> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td></tr> </table>	0	1	2	3	4	5	6	7	8	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
p																							
q																							
r																							
0	1	2																					
3	4	5																					
6	7	8																					
		R L																					

(PNEUMOCONIOSIS)

6. SMALL OPACITIES - IRREGULAR

a. TYPE b. PROFUSION c. ZONES

a. TYPE	b. PROFUSION	c. ZONES																					
<table border="1"> <tr><td>s</td></tr> <tr><td>t</td></tr> <tr><td>u</td></tr> </table>	s	t	u	<table border="1"> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td></tr> </table>	0	1	2	3	4	5	6	7	8	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
s																							
t																							
u																							
0	1	2																					
3	4	5																					
6	7	8																					
		R L																					

(PNEUMOCONIOSIS)

7. COMBINED

b. PROFUSION

b. PROFUSION									
<table border="1"> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td></tr> </table>	0	1	2	3	4	5	6	7	8
0	1	2							
3	4	5							
6	7	8							

(PNEUMOCONIOSIS)

8. LARGE OPACITIES (PNEUMOCONIOSIS)

a. SIZE

0	A	B	C
---	---	---	---

b. TYPE

WD	ID
----	----

9. PLEURAL THICKENING

- a. Costophrenic Angle
b. Walls and Diaphragm Site
c. Width
d. Extent

a. Costophrenic Angle	b. Walls and Diaphragm Site	c. Width	d. Extent																			
<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3	<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3	<table border="1"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> </table>	0	A	B	C	<table border="1"> <tr><td>0</td><td>1</td><td>2</td></tr> </table>	0	1	2
0	R	L																				
1	2	3																				
0	R	L																				
1	2	3																				
0	A	B	C																			
0	1	2																				

e. Pleural plaque

<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3
0	R	L				
1	2	3				

f. Certainty of plaque

<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table>	0	1	2	3
0	1	2	3	

10. ILL DEFINED DIAPHRAGM

<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3
0	R	L				
1	2	3				

11. ILL DEFINED CAR- DIAC OUTLINE

<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table>	0	1	2	3
0	1	2	3	

12. PLEURAL CALCIFICATION

a. Dia-
phragm

<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3
0	R	L				
1	2	3				

b. wall

<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3
0	R	L				
1	2	3				

c. Other
Sites

<table border="1"> <tr><td>0</td><td>R</td><td>L</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </table>	0	R	L	1	2	3
0	R	L				
1	2	3				

d. Grade
of
a/b/c

<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table>	0	1	2	3
0	1	2	3	

13. OTHER SYMBOLS

a. OBLIGA-
TORY

0	ax	bu	ca	cn	cc	cp	cu	dr	em	es	h	hr	k	px		
---	----	----	----	----	----	----	----	----	----	----	---	----	---	----	--	--

Report items
which may be of
present clinical
significance
in this section

00

(SPECIFY od.)

14. OTHER COMMENTS

Should employee see doctor because of comments in this section

Y	N
---	---

Sections 133, 1071-87, 3012, 5031 and 8012, Title 10 USC & Exec. Order 9397 (Privacy Act of 1974) apply

15. FILM READER'S ID NO.

NEHC 6260/2

--	--	--	--	--	--

H-14

16. DATE OF READING ...

--	--	--	--	--	--

PERIODIC HEALTH EVALUATION

NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM

Sections 133, 1071-87-3012, 5031 and 8012, Title 10 USC & Exec. Order 9087 (Privacy Act of 1974) Apply
USE HARD TIPPED PEN & PRESS FIRMLY, LEGIBLE COPY REQUIRED FOR DATA ENTRY

RETAIN ORIGINAL IN HEALTH RECORD SEND COPY TO Commanding Officer NAVY ENVIRONMENTAL HEALTH CENTER Naval Station, Norfolk, Virginia 23511	EXAMINATION FACILITY NAME	PAGE 1 of 1 CONTROL NUMBER (For NEHC Use Only)
	UIC	

NAME (LAST)	(FIRST)	(M.I.)	SOCIAL SECURITY NO.

DATE OF BIRTH (DAY) (MO) (YR)	RACE (Check One) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Other	STATUS (Check One) <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Civilian	OCCUPATIONAL CODE (Civilian Employees) [] [] [] [] [] [] [] []	GRADE/RATE (Military) [] [] [] [] [] []
SEX <input type="checkbox"/> M <input type="checkbox"/> F	YRS. GOV'T. SER. [] []	EXAM PURPOSE (Check One) <input type="checkbox"/> INITIAL <input type="checkbox"/> PERIODIC <input type="checkbox"/> TERMINATION	SHIPBOARD PERS. ONLY ENTER SHIP HULL NO. [] [] [] [] [] [] [] []	
TODAYS DATE (DAY) (MO) (YR)			LETTERS	NUMBERS

RESPIRATORY QUESTIONNAIRE

- Are you currently working directly with asbestos in your job? (within the last year)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
- A. Was/is your exposure on a regular basis? (15 days per quarter or 45 days per year)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 B. How many years? (check one)

Less than one	<input type="checkbox"/>
More than one; less than five	<input type="checkbox"/>
More than five; less than fifteen	<input type="checkbox"/>
More than fifteen	<input type="checkbox"/>
- C. How old were you when first exposed?

[] []

- Do you usually have or have you usually had the following? (Usually means more than a quarter of the time.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 A. Cough
 B. Phlegm
 C. Wheezing
 D. Shortness of breath
- Do you now or have you ever smoked cigarettes? (If no, skip to question 5.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 A. If so, what age did you begin?

[] []

 B. How much do you/did you smoke? (on average)

Less than one pack per day	<input type="checkbox"/>
One pack per day	<input type="checkbox"/>
More than one pack per day	<input type="checkbox"/>
More than two packs per day	<input type="checkbox"/>

 C. If you have quit, at what age did you do so?

[] []

- Do you smoke a pipe or cigars? (If no, skip to question 6.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

 A. How many years have/did you smoke a pipe or cigars?

[] []

- Have you ever had a serious lung disease requiring hospitalization?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY PHYSICAL EXAMINATION

- Weight (in pounds)

[] [] []

- Height (in inches)

[] [] []

- Appearance

A. Stature	
Normal	<input type="checkbox"/>
Obese	<input type="checkbox"/>
B. Chest Configuration	
Normal	<input type="checkbox"/>
Increased A-P diameter	<input type="checkbox"/>
Other chest deformity	<input type="checkbox"/>
C. Clubbing	
None	<input type="checkbox"/>
Present	<input type="checkbox"/>
- Crackles

None	<input type="checkbox"/>
Localized late inspiratory	<input type="checkbox"/>
Bilateral late inspiratory	<input type="checkbox"/>
Localized early inspiratory	<input type="checkbox"/>
Bilateral early inspiratory	<input type="checkbox"/>
- Wheezes

None	<input type="checkbox"/>
Single or multiple monophonic wheezes	<input type="checkbox"/>
Polyphonic expiratory wheezes	<input type="checkbox"/>
Short late inspiratory, monophonic wheeze associated with inspiratory crackles	<input type="checkbox"/>
- Spirometry (note decimal point)

FVC observed (BTPS) in liters	[] [] [] []
FEV ₁ observed (BTPS) in liters	[] [] [] []

OCCUPATIONAL HEALTH CARE
PATIENT REGISTRATION FORM

THIS PAGE TO BE COMPLETED BY THE PATIENT. RESPOND TO ALL ITEMS. PLEASE PRINT

Patient Name

(Last, First M.I.)

<u>Sex</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
<input type="checkbox"/> M		
<input type="checkbox"/> F	- - -	MO / DAY / YR

Duty Station or Activity

- | | |
|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 1 Portsmouth Naval Shipyard | <input type="checkbox"/> 5 NIS |
| <input type="checkbox"/> 2 Naval Medical Clinic Portsmouth | <input type="checkbox"/> 6 NPPSB |
| <input type="checkbox"/> 3 Dental Clinic | <input type="checkbox"/> 7 MSSD |
| <input type="checkbox"/> 4 Marine Barracks | <input type="checkbox"/> 0* Other (Specify) |

Branch of Service

- | | |
|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 1 Civilian Employee | <input type="checkbox"/> 6 Coast Guard |
| <input type="checkbox"/> 2 Navy | <input type="checkbox"/> 7 Foreign Military |
| <input type="checkbox"/> 3 Marine Corps | <input type="checkbox"/> 8 Non Appropriated Funds |
| <input type="checkbox"/> 4 Army | <input type="checkbox"/> 0* Other (Specify) |
| <input type="checkbox"/> 5 Air Force | |

Ethnic Background

- | | |
|--------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 1 Caucasian | <input type="checkbox"/> 6 Chinese Vietnamese Laotian |
| <input type="checkbox"/> 2 Negroid | <input type="checkbox"/> 7 Korean |
| <input type="checkbox"/> 3 Hispanic | <input type="checkbox"/> 8 Filipino or Malayan |
| <input type="checkbox"/> 4 Eskimo | <input type="checkbox"/> 9 American Indian |
| <input type="checkbox"/> 5 Japanese | <input type="checkbox"/> 0* Other (Specify) |

OCCUPATIONAL HEALTH CARE
PHYSICAL EXAM DATA SHEET ENCOUNTER FORM

THIS PAGE TO BE COMPLETED BY THE PATIENT. RESPOND TO ALL ITEMS. PLEASE PRINT.

Patient Name

(Last, First M.I.)

Sex

☐ M

☐ F

Social Security Number

____ - ____ - ____

Date of Birth

____ / ____ / ____
MO DAY YR

Today's Date (Date of Encounter)

____ / ____ / ____
MO DAY YR

* Provider No. 1 (Office Use Only)*
* _____*
* Last Name _____*
* Provider No. 2 (Office Use Only)*
* _____*
* Last Name _____*

Site (A) NAVMED Clinic - (clinic name)

Type of Examination (Check only ONE)

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> (A) Periodic Exam/Annual Phy/Surv. | <input type="checkbox"/> (F) Health Promotion/Screening |
| <input type="checkbox"/> (B) Pre-placement | <input type="checkbox"/> (G) Radiation Health |
| <input type="checkbox"/> (C) Follow-up | <input type="checkbox"/> (H) Termination |
| <input type="checkbox"/> (D) Competence for Duty | <input type="checkbox"/> (I) Completion of Previous Visit
(Specify Date) ____ / ____ / ____ |
| <input type="checkbox"/> (E) Disability Retirement | <input type="checkbox"/> (O*) Other (Specify) _____ |

Visit Classification (1) Clinic Visit

Work Information

JT; Occupation _____ BLDG; Building Number _____
WS; Work Supervisor _____ SHN; Shop #/Dept/Code _____
(Last, First) SHT; Shop Tel. _____

*****PATIENT: PLEASE STOP HERE. BALANCE OF FORM FOR OFFICE USE ONLY*****

OCCUPATIONAL HEALTH CARE
PHYSICAL EXAM DATA SHEET ENCOUNTER FORM

Laboratory Tests (Check ALL that apply)

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> BLD Blood Lead | <input type="checkbox"/> SGOT SGOT |
| <input type="checkbox"/> BC BUN & Creatinine | <input type="checkbox"/> SGPT SGPT |
| <input type="checkbox"/> CHP Chemistry Panel (SMAC-20) | <input type="checkbox"/> ARS Sputum Cytology |
| <input type="checkbox"/> CHO Cholinesterase | <input type="checkbox"/> SIC Sickle Cell Prep |
| <input type="checkbox"/> CBC Complete Blood Count | <input type="checkbox"/> SMAC SMAC-20 |
| <input type="checkbox"/> DFF w/differential | <input type="checkbox"/> UA Urinalysis |
| <input type="checkbox"/> G6 G6PD | <input type="checkbox"/> UA Urinalysis w/microscopic |
| <input type="checkbox"/> HIV HIV (Active Duty Only) | <input type="checkbox"/> UF Urinary Fluoride |
| <input type="checkbox"/> LVP Liver Panel | <input type="checkbox"/> UM Urine Mercury |
| <input type="checkbox"/> OCC Rectal Exam Occult Blood | <input type="checkbox"/> UP Urinary Protein (25% TCA) |
| <input type="checkbox"/> RNP Renal Panel | <input type="checkbox"/> ZPP Zinc Protoporphyrin |
| <input type="checkbox"/> ESR Sedimentation Rate | <input type="checkbox"/> Other Lab Test (Specify) |
| <input type="checkbox"/> TRG Serum Triglyceride | |

Radiology (Check ALL that apply)

- | | |
|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> CPL Chest Xray PA & Lateral | <input type="checkbox"/> CSB Chest Xray Asbestos |
| <input type="checkbox"/> CBQ Chest Xray Oblique | <input type="checkbox"/> Other Xray (specify) |

Pulmonary Function Test

- ☐ PFT Pulmonary Function Test

Electrocardiogram

- ☐ EKG Electrocardiogram

Audiogram

- ☐ AUD Audiogram

Eye Examination -- Optometry Department (Check only ONE)

- ☐ ESC Vision screening
☐ ERE Complete exam w/refraction
☐ ESL Slit lamp

Immunization

- ☐ IMM To Be Done

OCCUPATIONAL HEALTH CARE
PHYSICAL EXAM DATA SHEET ENCOUNTER FORM

Stressor and/or Certification (Check ALL programs currently enrolled in)

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> 001 Abrasive Dust | <input type="checkbox"/> 047 Mercury |
| <input type="checkbox"/> 002 Acid/Alkali | <input type="checkbox"/> 048 Methylenedeaniline (MDA) |
| <input type="checkbox"/> 003 Anti-Neoplastic Drugs | <input type="checkbox"/> 049 Methylene Chloride |
| <input type="checkbox"/> 004 Arsenic/Arsenic History | <input type="checkbox"/> 050 Microwave Radiation, Non-ionizing |
| <input type="checkbox"/> 005 Asbestos History | <input type="checkbox"/> 051 Moca |
| <input type="checkbox"/> 006 Asbestos | <input type="checkbox"/> 053 Motor Vehicle/Forklift Operator |
| <input type="checkbox"/> 007 Aliphatic/Aromatic Hydrocarbons | <input type="checkbox"/> 054 Methyl Butyl Ketone (MBK) |
| <input type="checkbox"/> 008 Amines | <input type="checkbox"/> 055 Nickel |
| <input type="checkbox"/> 009 Beryllium | <input type="checkbox"/> 056 Naval Investigative Service (NIS) |
| <input type="checkbox"/> 010 Benzene | <input type="checkbox"/> 057 Noise |
| <input type="checkbox"/> 011 Cadmium | <input type="checkbox"/> 058 Organotin |
| <input type="checkbox"/> 012 Chromates/Chromic Acid | <input type="checkbox"/> 059 Otto Fuel II |
| <input type="checkbox"/> 013 Child Care Worker | <input type="checkbox"/> 060 Org Phosphates/Halogenated Hydrocarbons (Pesticide Use) |
| <input type="checkbox"/> 015 Chlorine | <input type="checkbox"/> 062 Polychlorinated Biphenyls (PCB) |
| <input type="checkbox"/> 017 Climber | <input type="checkbox"/> 067 Pre-Employment |
| <input type="checkbox"/> 018 Cold Exposure | <input type="checkbox"/> 068 Radiation, Ionizing |
| <input type="checkbox"/> 019 Crane Operator | <input type="checkbox"/> 069 Radio Frequency |
| <input type="checkbox"/> 020 Cyanide/Hydrogen & Cyanide Salt | <input type="checkbox"/> 071 Respirator Eval. |
| <input type="checkbox"/> 021 Diver | <input type="checkbox"/> 072 Rubber Worker |
| <input type="checkbox"/> 022 Electroplater | <input type="checkbox"/> 073 Silica |
| <input type="checkbox"/> 023 Epoxies | <input type="checkbox"/> 074 Tar Products |
| <input type="checkbox"/> 024 Equip/Tank Cleaner | <input type="checkbox"/> 076 Toluene |
| <input type="checkbox"/> 025 Ethylene Oxide | <input type="checkbox"/> 077 Trichloroethane/Trichloroethylene |
| <input type="checkbox"/> 026 Explosive Handler (Cont) | <input type="checkbox"/> 078 Vibrating Tools |
| <input type="checkbox"/> 027 Explosive Handler (Raw) | <input type="checkbox"/> 079 Vision/Sight Conservation |
| <input type="checkbox"/> 028 Explosive Vehicle Driver | <input type="checkbox"/> 080 Waste Anesthetic Gases |
| <input type="checkbox"/> 029 Firefighter | <input type="checkbox"/> 081 Waste Water Handler |
| <input type="checkbox"/> 030 Fluorides | <input type="checkbox"/> 084 Xylene |
| <input type="checkbox"/> 031 Food Handler | <input type="checkbox"/> 085 Zinc Oxide |
| <input type="checkbox"/> 032 Formaldehyde | <input type="checkbox"/> _____ \ Other |
| <input type="checkbox"/> 033 Firefighter Instructor | <input type="checkbox"/> _____ \ |
| <input type="checkbox"/> 034 Freon | <input type="checkbox"/> _____ > Local |
| <input type="checkbox"/> 035 Guard/Police | <input type="checkbox"/> _____ / |
| <input type="checkbox"/> 036 Halogenated Hydrocarbons | <input type="checkbox"/> _____ / Programs |
| <input type="checkbox"/> 037 Heat Exposure | |
| <input type="checkbox"/> 038 Hospital/Health Care Wkr | |
| <input type="checkbox"/> 039 Hydrazine | |
| <input type="checkbox"/> 040 Hyperbaric/Compressed Air | |
| <input type="checkbox"/> 041 Infrared/Ultraviolet | |
| <input type="checkbox"/> 042 Isocyanates/Polyurethanes | |
| <input type="checkbox"/> 043 Laser (Class III & IV) | |
| <input type="checkbox"/> 044 Lead | |
| <input type="checkbox"/> 045 Lithium | |

NAVAL MEDICAL CLINIC ACUTE CARE ENCOUNTER FORM

THIS PAGE TO BE COMPLETED BY THE PATIENT. RESPOND TO ALL ITEMS. PLEASE PRINT

Patient Name

(Last, First M.I.)

Sex	Social Security Number	Date of Birth
[] M		
[] F		

Today's Date (Date of Encounter)

MO / DAY / YR

 * Provider No. 1 (Office Use Only) *
 * *
 * *
 * (Last Name) *
 * *
 * Provider No. 2 (Office Use Only) *
 * *
 * *
 * (Last Name) *

Site (A) NAVMED CLINIC - (clinic name)

Type of Encounter (Check only ONE)

(J) <u> </u> INJURY	(T) <u> </u> LIMITED DUTY
(K) <u> </u> ILLNESS	(U) <u> </u> RETURN TO WORK
(Y) <u> </u> IMMUNIZATION	(Q*) <u> </u> OTHER (SPECIFY) <u> </u>

Visit Classification (1) CLINIC VISIT

WORK INFORMATION:

JT; Occupation <u> </u>	BLDG; Building Number <u> </u>
WS; Work Supervisor <u> </u>	SHN; Shop #/Dept/Code <u> </u>
(Last,First)	SHT; Shop Tel. <u> </u> - <u> </u>

VISIT STATUS:

(VST-A) <u> </u> INITIAL OCCUPATIONAL	(VST-C) <u> </u> INITIAL NONOCCUPATIONAL
(VST-B) <u> </u> FOLLOW-UP OCCUPATIONAL	(VST-D) <u> </u> FOLLOW-UP NONOCCUPATIONAL

NARDAC (12/87)

NOHIMS STANDARD FORM

1

H-20

NAVAL MEDICAL CLINIC ACUTE CARE ENCOUNTER FORM

HISTORY OF INJURY/ILLNESS (GIVE A BRIEF DESCRIPTION) (II)

PHYSICAL FINDINGS (GIVE A BRIEF DESCRIPTION) (PF)

INJURIES

Circle all that apply and fill in body part and location codes from below.
(Example: (BRC-) LB Bruise/Contusion)

(BRC-) _____	BRUISE/CONTUSION	(FXR-) _____	FRACTURE
(THB-) _____	BURN, THERMAL	(SPN-) _____	SPRAIN/STRAIN
(CMB-) _____	BURN, CHEMICAL	(DSL-) _____	DISLOCATION
(BSO) _____	CONCUSSION	(OWL-) _____	OPEN WOUND/LACERATION
(FOB-) _____	FOREIGN BODY	(OIJ) _____	OTHER (SPECIFY)

BODY PART CODES (FOR USE IN "INJURIES" SECTION ABOVE)

<u>HEAD/NECK</u>	<u>UPPER EXTREMITY</u>	<u>TORSO</u>	<u>LOWER EXTREMITY</u>
(A) HEAD/SKULL	(K) SHOULDER	(R) CHEST	(1) THIGH
(B) SCALP	(L) ARM	(S) AXILLAE	(2) KNEE
(C) FACE	(M) ELBOW	(T) BACK	(3) LOWER LEG
(D) MOUTH	(N) FOREARM	(U) ABDOMEN	(4) ANKLE
(E) JAW	(O) WRIST	(V) RIBS/CLAVICLE	(5) FOOT
(F) TEETH	(P) HAND	(W) PELVIS/HIP	(6) TOE
(G) EAR	(Q) FINGER	(X) GROIN	(7*) OTHER (SPECIFY)
(H) EYE		(Y) GENITALS	
(I) NOSE		(Z) BUTTOCKS	
(J) NECK			

LOCATION CODES: (8) LEFT (9) RIGHT

NAVAL MEDICAL CLINIC ACUTE CARE ENCOUNTER FORM

ILLNESSES

SKIN

(SNF) ☐ INFECTION
(DRM) ☐ DERMATITIS/RASH
(SKN) ☐ OTHER (SPECIFY) _____

GENITOURINARY

(608) ☐ MALE GENITAL (SPECIFY) _____
(629) ☐ FEMALE GENITAL (SPECIFY) _____
(788) ☐ URINARY PROBLEMS (SPECIFY) _____

RESPIRATORY

(493) ☐ ASTHMA
(492) ☐ EMPHYSEMA
(BRN) ☐ BRONCHITIS
(501) ☐ ASBESTOSIS
(502) ☐ SILICA LUNG DISEASE
(CGS) ☐ CIGARETTE SMOKER
(518) ☐ OTHER DISEASE OF LUNG
(486) ☐ PNEUMONIA
(519) ☐ OTHER (SPECIFY) _____

MISCELLANEOUS

(401) ☐ HYPERTENSION
(250) ☐ DIABETES
(278) ☐ OBESITY
(NFN) ☐ INFECTION
(TXD) ☐ REPORTED EXPOSURE DUE TO
TOXIC AGENT (SPECIFY) _____
(IDT) ☐ ILLNESS DUE TO TOXIC AGENT
(SPECIFY) _____

CARDIOVASCULAR

(785) ☐ (SPECIFY) _____

GASTROINTESTINAL

(GGI) ☐ (SPECIFY) _____

EYE

(EIN) ☐ INFECTION
(379) ☐ OTHER (SPECIFY) _____

BEHAVIORAL

(OBP) ☐ (SPECIFY) _____

SUBSTANCE ABUSE

(SBS) ☐ (SPECIFY) _____

EAR, NOSE, THROAT

(381) ☐ OTITIS
(389) ☐ HEARING LOSS
(CGN) ☐ CONGESTION
(462) ☐ PHARYNGITIS
(EPX) ☐ EPISTAXIS
(RNT) ☐ OTHER (SPECIFY) _____

NEUROLOGICAL

(DZZ) ☐ DIZZINESS, SYNCOPE
(HDA) ☐ HEADACHE
(SZR) ☐ SEIZURE
(STK) ☐ STROKE
(NRO) ☐ OTHER (SPECIFY) _____

OTHER ILLNESS (ITH)

NAVAL MEDICAL CLINIC ACUTE CARE ENCOUNTER

LAB TESTS ORDERED

(CBC) ☐ COMPLETE BLOOD COUNT (SMCB) ☐ BLOOD CHEMISTRY
(DFF) ☐ DIFFERENTIAL (BLT) ☐ BACTERIAL
(UA) ☐ URINALYSIS (OLT) ☐ OTHER (SPECIFY) _____

X-RAYS ORDERED

(SKL) ☐ HEAD (BDL) ☐ ABDOMINAL
(CPL) ☐ CHEST (UXX) ☐ UPPER EXTREMITIES
(RBS) ☐ RIBS/CLAVICLE (LXX) ☐ LOWER EXTREMITIES
(CSP) ☐ SPINE (OXR) ☐ OTHER (SPECIFY) _____

OTHER TESTS ORDERED

(AUD) ☐ AUDIOGRAM (PFT) ☐ PULMONARY FUNCTION TEST
(SPM) ☐ SPECIAL AUDIOGRAM (EKG) ☐ ELECTROCARDIOGRAM
(EYO) ☐ EYE EXAM OTHER THAN REFRACTION (HRT) ☐ OTHER (SPECIFY) _____

TREATMENTS, MISC

(CNL) ☐ PERSONAL COUNSELING (PME) ☐ PROVIDE MEDICATION
(EYC) ☐ EYE CARE (TMN) ☐ IMMUNIZATION, TETANUS
(MWC) ☐ WOUND CARE, MINOR (OIM) ☐ IMMUNIZATION, OTHER
(SWC) ☐ WOUND CARE, SUTURE (TRT) ☐ OTHER (SPECIFY) _____

PHYSICAL THERAPY

(SPD) ☐ SUPPORT DEVICE (LTS) ☐ ULTRASOUND
(HPK) ☐ HOT PACK (OMT) ☐ OSTEOPATHIC MANIPULATIVE THERAPY
(CLP) ☐ COLD PACK (XRC) ☐ EXERCISE (IN CLINIC)
(WHL) ☐ WHIRLPOOL (PRT) ☐ OTHER (SPECIFY) _____

DIANGOSIS/TREATMENT (DTR)

NAVAL MEDICAL CLINIC ACUTE CARE ENCOUNTER FORM

DISPOSITION

(DSP-A) Full work/duty (DSP-B*) Part-time (Specify Hours)

RESTRICTIONS

N=none M=minimal

(Enter "N" or "M" in the blank next to the code. Mark only those that apply)

Lifting/carrying:

(SD-) Sedentary (0-10 lbs) (MD-) Moderate (20-50 lbs)
(LG-) Light (10-20 lbs) (HV-) Heavy (50-100 lbs)

(PP-) Pulling/Pushing
(RW-) Reaching or Working above shoulders

(WL-) Walking (hours) (SN-) Standing (hours)
(ST-) Sitting (hours) (SP-) Stooping (hours)
(KN-) Kneeling (hours) (CM-) Climbing (hours)

(OM-) Operating a Motor Vehicle, Crane, Tractor, Etc.

Exposure to:

(EC-) Excessive Cold (SF-) Smoke/Fumes
(EH-) Excessive Heat (NS-) Noise >85 dbA
(SV-) Solvents/Vapors (DS-) Dust

DISABILITY

(Check ALL that apply)

Is Disability Permanent? (Give a brief report & prognosis)

(DP-Y) (DP-N)

Period of Disability:

(TPD) Total Disability (Specify dates from/to)
(PPD) Partial Disability (Specify dates from/to)

Employee able to resume work:

(ARW-Y*) Yes (Specify date advised)
(ARW-N) No

(DFA) Dates of Further Appointments, If Any (Specify date(s))

Signature Professional Degree Date

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Patient Name

(Last, First M.I.)

Sex

Social Security Number

Date of Birth

[] M

[] F

____ - ____ - ____

____ / ____ / ____
MO DAY YR

Today's Date (Date of Encounter)

* Provider No. 1 (Office Use Only) *

*

*

* (Last Name) *

*

* Provider No. 2 (Office Use Only) *

*

*

* (Last Name) *

*

Site (A) NAVMED Clinic - (clinic name)

Type of Examination

(X) Occupational History For Present Job (1)

Visit Classification (1) Clinic Visit

Personal Exposures and Work-Related Experiences (PE)

(Briefly describe information you feel may have been harmful to your health from neighbor exposure to hazardous substances or family members working in a trade where hazardous substances could have been brought home, such as asbestos, lead, beryllium, vinyl chloride, etc.)

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Employment Status

(Complete this section for your current job as best you can. If you are unemployed, complete this section for your last job.)

(NCE) Name of Employer: _____ (YS) Started MO ____ /YR ____
 (TND) Type of Industry: _____ (YL) Left MO ____ /YR ____
 (CSC) City and State or Country: _____
 (YJT) What is/was your job title? 1. _____
 (List ALL if more than one job title.) 2. _____
 (BDJ) Briefly describe the duties for each job title listed above.
 1. _____
 2. _____

Health Hazards

What known health hazards were present on this job? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present on job	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHH-) Temperature Extremes (Hot & Cold)..	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KH2-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)..	[]	[]	[]	[]
(KHN-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHM-) Otto Fuel.....	[]	[]	[]	[]
(KHB-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHJ) [] Check here if NO health hazards present on the job.

Personal Protective Equipment

(Check ALL equipment used on this job)

[] BR Barrier Cream	[] GG Goggles/Glasses
[] CL Clothing	[] HL Helmet
[] ER Ear Plugs/Muff	[] RS Respirator
[] GL Gloves	[] SS Safety Shoes/Boots

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Employment Status

Type=X Job=2

(Complete this section for your prior job as best you can. If you are unemployed, complete this section for your last job.)

(NCE) Name of Employer: _____ (YS) Started MO ____ /YR ____
 (TND) Type of Industry: _____ (YL) Left MO ____ /YR ____
 (CSC) City and State or Country: _____
 (YJT) What is/was your job title? 1. _____
 (List ALL if more than one job title.) 2. _____
 (BDJ) Briefly describe the duties for each job title listed above.
 1. _____
 2. _____

Health Hazards

What known health hazards were present on this job? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present on job	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHT-) Temperature Extremes (Hot & Cold)..	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KH2-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)..	[]	[]	[]	[]
(KIV-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KIB-) Mercury.....	[]	[]	[]	[]
(KID-) Lead.....	[]	[]	[]	[]
(KIM-) Otto Fuel.....	[]	[]	[]	[]
(KIB-) Painting.....	[]	[]	[]	[]
(KIP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHJ) [] Check here if NO health hazards present on the job.

Personal Protective Equipment

(Check ALL equipment used on this job)

[] BR Barrier Cream	[] GG Goggles/Glasses
[] CL Clothing	[] HL Helmet
[] ER Ear Plugs/Muff	[] RS Respirator
[] GL Gloves	[] SS Safety Shoes/Boots

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Employment Status

Type=X Job=3

(Complete this section for your prior job as best you can. If you are unemployed, complete this section for your last job.)

(NCE) Name of Employer: _____ (YS) Started MO ____/YR ____
 (TND) Type of Industry: _____ (YL) Left MO ____/YR ____
 (CSC) City and State or Country: _____
 (YJT) What is/was your job title? 1. _____
 (List ALL if more than one job title.) 2. _____
 (BDJ) Briefly describe the duties for each job title listed above.
 1. _____
 2. _____

Health Hazards

What known health hazards were present on this job? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present on job	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel. []	[]	[]	[]	[]
(KHN-) Temperature Extremes (Hot & Cold).. []	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KH2-) Lasers & Radar.....	[]	[]	[]	[]
(KH1-) Ionizing Radiation (X-rays, etc.).. []	[]	[]	[]	[]
(KHV-) Vibration (Vibrating tools, motors) []	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHM-) Otto Fuel.....	[]	[]	[]	[]
(KHG-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KHO1-) Other (Write in) _____ []	[]	[]	[]	[]

(NAJ) [] Check here if NO health hazards present on the job.

Personal Protective Equipment

(Check ALL equipment used on this job)

[] BR Barrier Cream	[] GG Goggles/Glasses
[] CL Clothing	[] HL Helmet
[] ER Ear Plugs/Muff	[] RS Respirator
[] GL Gloves	[] SS Safety Shoes/Boots

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Employment Status

Type=X Job=4

(Complete this section for your prior job as best you can. If you are unemployed, complete this section for your last job.)

(NCE) Name of Employer: _____ (YS) Started MO ____/YR ____
 (TND) Type of Industry: _____ (YL) Left MO ____/YR ____
 (CSC) City and State or Country: _____
 (YJT) What is/was your job title? 1. _____
 (List ALL if more than one job title.) 2. _____
 (BDJ) Briefly describe the duties for each job title listed above.
 1. _____
 2. _____

Health Hazards

What known health hazards were present on this job? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present on job	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHT-) Temperature Extremes (Hot & Cold)..	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KH2-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)..	[]	[]	[]	[]
(KHV-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHW-) Otto Fuel.....	[]	[]	[]	[]
(KHG-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHJ) [] Check here if no health hazards present on the job.

Personal Protective Equipment

(Check ALL equipment used on this job)

[] BR Barrier Cream	[] GG Goggles/Glasses
[] CL Clothing	[] HL Helmet
[] ER Ear Plugs/Muff	[] RS Respirator
[] GL Gloves	[] SS Safety Shoes/Boots

MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Hobbies

Type=H Hobby=1

(Complete this section for each hobby as best you can. Use a separate sheet for each hobby.)

(NHC) Name of Hobby or Craft: _____ (NHY) Number of MO ____/YR ____

(BHC) Briefly describe the hobby or craft.

Health Hazards

What known health hazards are/were in connection with this hobby or craft? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHT-) Temperature Extremes (Hot & Cold)...	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KH2-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)...	[]	[]	[]	[]
(KHV-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHM-) Otto Fuel.....	[]	[]	[]	[]
(KHS-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KHJ-) Glue.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHP) [] Check here if NO health hazards connected with this hobby or craft.

Personal Protective Equipment

(Check ALL equipment used in connection with this hobby or craft)

- | | |
|-----------------------|---------------------------|
| [] BR Barrier Cream | [] GG Goggles/Glasses |
| [] CL Clothing | [] HL Helmet |
| [] ER Ear Plugs/Muff | [] RS Respirator |
| [] GL Gloves | [] SS Safety Shoes/Boots |

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Hobbies

Type=H Hobby=2

(Complete this section for each hobby as best you can. Use a separate sheet for each hobby.)

(NHC) Name of Hobby or Craft: _____ (NMV) Number of MO ____/YR ____

(BHC) Briefly describe the hobby or craft.

Health Hazards

What known health hazards are/were in connection with this hobby or craft? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KHCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHH-) Temperature Extremes (Hot & Cold)...	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KHZ-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)...	[]	[]	[]	[]
(KHV-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHW-) Otto Fuel.....	[]	[]	[]	[]
(KHG-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KHJ-) Glue.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHP) [] Check here if NO health hazards connected with this hobby or craft.

Personal Protective Equipment

(Check ALL equipment used in connection with this craft or hobby)

- | | |
|-----------------------|---------------------------|
| [] BR Barrier Cream | [] GG Goggles/Glasses |
| [] CL Clothing | [] HL Helmet |
| [] ER Ear Plugs/Muff | [] RS Respirator |
| [] GL Gloves | [] SS Safety Shoes/Boots |

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Hobbies

Type=H Hobby=3

(Complete this section for each hobby as best you can. Use a separate sheet for each hobby.)

(NHC) Name of Hobby or Craft: _____ (NHY) Number of MO ____/YR ____

(BHC) Briefly describe the hobby or craft.

Health Hazards

What known health hazards are/were in connection with this hobby or craft? Check the appropriate boxes.

Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KHCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KHM-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHH-) Temperature Extremes (Hot & Cold)..	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KHZ-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)..	[]	[]	[]	[]
(KHV-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHM-) Otto Fuel.....	[]	[]	[]	[]
(KHS-) Painting.....	[]	[]	[]	[]
(KHD-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KHJ-) Glue.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHP) [] Check here if NO health hazards connected with this hobby or craft.

Personal Protective Equipment

(Check ALL equipment used in connection with this hobby or craft)

[] BR Barrier Cream	[] BG Goggles/Glasses
[] CL Clothing	[] HL Helmet
[] ER Ear Plugs/Muff	[] RS Respirator
[] GL Gloves	[] SS Safety Shoes/Boots

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Hobbies

Type=H Hobby=4

(Complete this section for each hobby as best you can. Use a separate sheet for each hobby.)

(NHC) Name of Hobby or Craft: _____ (NMY) Number of MO ____/YR ____

(BHC) Briefly describe the hobby or craft.

Health Hazards

What known health hazards are/were in connection with this hobby or craft? Check the appropriate boxes. Leave the boxes blank if the hazard was not present or if you are not sure that the hazard was present.

Indicate how long you have been/were directly or indirectly exposed to the health hazard.

	(A) Hazard present	(B) Did you work directly with this substance	Years (Whole Numbers)	Months (Whole Numbers)
(KHF-) Fiberglass/Mineral Wool.....	[]	[]	[]	[]
(KHA-) Asbestos.....	[]	[]	[]	[]
(KHC-) Coal/Silica Dust or Sandblasting...	[]	[]	[]	[]
(KHR-) Respiratory Irritants.....	[]	[]	[]	[]
(KHS-) Skin Irritants.....	[]	[]	[]	[]
(KNCH-) Chemicals (acids, alkalis).....	[]	[]	[]	[]
(KNH-) Metal & Welding Fumes.....	[]	[]	[]	[]
(KHL-) Coal Tar, Pitch, Asphalt.....	[]	[]	[]	[]
(KHE-) Engine exhaust, grease, oils, fuel.	[]	[]	[]	[]
(KHH-) Temperature Extremes (Hot & Cold)..	[]	[]	[]	[]
(KHN-) Noise (Excessive).....	[]	[]	[]	[]
(KHZ-) Lasers & Radar.....	[]	[]	[]	[]
(KHX-) Ionizing Radiation (X-rays, etc.)..	[]	[]	[]	[]
(KHN-) Vibration (Vibrating tools, motors)	[]	[]	[]	[]
(KHB-) Mercury.....	[]	[]	[]	[]
(KHD-) Lead.....	[]	[]	[]	[]
(KHM-) Otto Fuel.....	[]	[]	[]	[]
(KHG-) Painting.....	[]	[]	[]	[]
(KHP-) Pesticides, herbicides.....	[]	[]	[]	[]
(KHI-) Solvents.....	[]	[]	[]	[]
(KHJ-) Glue.....	[]	[]	[]	[]
(KH01-) Other (Write in) _____	[]	[]	[]	[]

(NHP) [] Check here if NO health hazards connected with this hobby or craft.

Personal Protective Equipment

(Check ALL equipment used in connection with this hobby or craft)

- | | |
|-----------------------|---------------------------|
| [] BR Barrier Cream | [] GG Goggles/Glasses |
| [] CL Clothing | [] HL Helmet |
| [] ER Ear Plugs/Muff | [] RS Respirator |
| [] GL Gloves | [] SS Safety Shoes/Boots |

NAVAL MEDICAL CLINIC OCCUPATIONAL HISTORY FORM

Medical Department Recommendations

Based on a review of this surveillance questionnaire, and other pertinent medical data, placement in the following medical surveillance program(s) is recommended.

DATE	MEDICAL SURVEILLANCE PROGRAM	REVIEWING MEDICAL DEPT OFFICAL
(MS1)		
(MS2)		
(MS3)		
(MS4)		
(MS5)		
(MS6)		
(MS7)		